

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)  
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E  
Long Form

STATEMENT OF ACCOUNT  
for Secondary Transmissions by  
Cable Systems (Long Form)

General instructions are located in  
the first tab of this workbook.

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 8/25/2025                     | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

Return completed workbook by  
email to:

[coplicsoa@loc.gov](mailto:coplicsoa@loc.gov)

For additional information,  
contact the U.S. Copyright  
Office Licensing Division at:  
Tel: (202) 707-8150

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |           |            |          |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|----------|
| <b>A</b><br>Accounting<br>Period                                       | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b><br><br><b>2025/1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                         |           |            |          |
| <b>B</b><br>Owner                                                      | <b>Instructions:</b><br>Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-<br>rate title of the subsidiary, not that of the parent corporation.<br>List any other name or names under which the owner conducts the business of the cable system.<br><i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit<br/>a single statement of account and royalty fee payment covering the entire accounting period.</i><br><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>027657</b> |                                                                                                                                                         |           |            |          |
|                                                                        | <b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br><b>MCC Iowa, LLC (Waterloo, IA)</b><br><br><b>02765720251</b><br><b>027657 2025/1</b><br><br><b>ONE MEDIACOM WAY</b><br><b>MEDIACOM PARK, NY 10918</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |           |            |          |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |           |            |          |
| <b>C</b><br>System                                                     | <b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these<br>names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                         |           |            |          |
|                                                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>IDENTIFICATION OF CABLE SYSTEM:</b>                                                                                                                  |           |            |          |
|                                                                        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>.....<br>(Number, street, rural route, apartment, or suite number)<br>.....<br>(City, town, state, zip code) |           |            |          |
| <b>D</b><br>Area<br>Served<br><br>First<br>Community<br><br><br>Sample | <b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b<br>with all communities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                         |           |            |          |
|                                                                        | CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         | STATE     |            |          |
|                                                                        | <b>Waterloo</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         | <b>IA</b> |            |          |
|                                                                        | Below is a sample for reporting communities if you report multiple channel line-ups in Space G.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |           |            |          |
|                                                                        | CITY OR TOWN (SAMPLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         | STATE     | CH LINE UP | SUB GRP# |
|                                                                        | Alda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         | MD        | A          | 1        |
|                                                                        | Alliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                         | MD        | B          | 2        |
| Gering                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MD                                                                                                                                                      | B         | 3          |          |

**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this  
form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone  
numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in  
search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the  
completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

5. Copyright Office Form SA3E Long Form (Rev. 05-1

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                                                                                                                                                                                                                                       |                                    |                             |                  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------|------------------|
| Name                                                                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                                                                                                                                                                                                       |                                    | SYSTEM ID#<br><b>027657</b> |                  |
| <div>E</div> <div>Secondary Transmission Service: Subscribers and Rates</div> | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br><b>In General:</b> The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).<br><b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).<br><b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.<br><b>Block 1:</b> In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."<br><b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. |                                                      |                                                                                                                                                                                                                                       |                                    |                             |                  |
|                                                                               | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                                                                                                                                                                                                                       | BLOCK 2                            |                             |                  |
|                                                                               | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO. OF SUBSCRIBERS                                   | RATE                                                                                                                                                                                                                                  | CATEGORY OF SERVICE                | NO. OF SUBSCRIBERS          | RATE             |
|                                                                               | <b>Residential:</b> <ul style="list-style-type: none"><li>• Service to first set</li><li>• Service to additional set(s)</li><li>• FM radio (if separate rate)</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>2,838</b>                                         | <b>40-130</b>                                                                                                                                                                                                                         |                                    |                             |                  |
|                                                                               | <b>Motel, hotel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                                                                                                                                                                                                                                       |                                    |                             |                  |
|                                                                               | <b>Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      | <b>40-130</b>                                                                                                                                                                                                                         |                                    |                             |                  |
|                                                                               | <b>Converter</b> <ul style="list-style-type: none"><li>• Residential</li><li>• Non-residential</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                                                       |                                    |                             |                  |
| <div>F</div> <div>Services Other Than Secondary Transmissions: Rates</div>    | <b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br><b>In General:</b> Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.<br><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                                                                                                                                                                                       |                                    |                             |                  |
|                                                                               | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                                                                                                                                                                                                                       | BLOCK 2                            |                             |                  |
|                                                                               | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RATE                                                 | CATEGORY OF SERVICE                                                                                                                                                                                                                   | RATE                               | CATEGORY OF SERVICE         | RATE             |
|                                                                               | <b>Continuing Services:</b> <ul style="list-style-type: none"><li>• Pay cable</li><li>• Pay cable—add'l channel</li><li>• Fire protection</li><li>• Burglar protection</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>PP</b><br><b>PP</b>                               | <b>Installation: Non-residential</b> <ul style="list-style-type: none"><li>• Motel, hotel</li><li>• Commercial</li><li>• Pay cable</li><li>• Pay cable-add'l channel</li><li>• Fire protection</li><li>• Burglar protection</li></ul> |                                    | <b>Family Cable</b>         | <b>\$ 130.00</b> |
|                                                                               | <b>Installation: Residential</b> <ul style="list-style-type: none"><li>• First set</li><li>• Additional set(s)</li><li>• FM radio (if separate rate)</li><li>• Converter</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>\$ 75.00</b><br><b>\$ 49.00</b><br><b>\$ 9.99</b> | <b>Other services:</b> <ul style="list-style-type: none"><li>• Reconnect</li><li>• Disconnect</li><li>• Outlet relocation</li><li>• Move to new address</li></ul>                                                                     | <b>\$ 49.00</b><br><b>\$ 49.00</b> |                             |                  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                                                                                                                                                                                                                                       |                                    |                             |                  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                    |                         | SYSTEM ID#<br><b>027657</b>       |                        | Name                                                            |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        | <div>G</div> <div>Primary Transmitters: Television</div>        |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li><li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li></ul> <p><b>Column 1:</b> List each station’s call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as “WETA-2”. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter “N” (for network), “N-M” (for network multicast), “I” (for independent), “I-M” (for independent multicast), “E” (for noncommercial educational), or “E-M” (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. “distant”), enter “Yes”. If not, enter “No”. For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered “Yes” in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering “LAC” if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation “E” (exempt). For simulcasts, also enter “E”. If you carried the channel on any other basis, enter “O.” For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   |                        |                                                                 |  |
| <b>CHANNEL LINE-UP AA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                    |                         |                                   |                        | See instructions for additional information on alphabetization. |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. B’CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |                                                                 |  |
| KCRG/KCRG(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9                        | N                  | No                      |                                   | Cedar Rapids, IA       |                                                                 |  |
| KCRG-DT2/KCRG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.2                      | I                  | No                      |                                   | Cedar Rapids, IA       |                                                                 |  |
| KCRG-DT3/KCRG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.3                      | I                  | No                      |                                   | Cedar Rapids, IA       |                                                                 |  |
| KFXA-DT2 Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 27.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                                 |  |
| KFXA-DT3 ROAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                                 |  |
| KFXB (CNT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 43                       | I                  | No                      |                                   | Dubuque, IA            |                                                                 |  |
| KGAN/KGAN(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 51                       | N                  | No                      |                                   | Cedar Rapids, IA       |                                                                 |  |
| KGAN-DT2/KGAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 51.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                                 |  |
| KGAN-DT3 Quest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 51.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                                 |  |
| KPXR/KPXR (HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47                       | I                  | No                      |                                   | Cedar Rapids, IA       |                                                                 |  |
| KRIN/KRIN(HD) P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 35                       | E                  | No                      |                                   | Waterloo, IA           |                                                                 |  |
| KRIN-DT2 PBS KI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 35.2                     | E                  | No                      |                                   | Waterloo, IA           |                                                                 |  |
| KRIN-DT3 World                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 35.3                     | E                  | No                      |                                   | Waterloo, IA           |                                                                 |  |
| KRIN-DT4 PBS Cr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 35.4                     | E                  | No                      |                                   | Waterloo, IA           |                                                                 |  |
| KWKB/KWKB(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25                       | I                  | No                      |                                   | Iowa City, IA          |                                                                 |  |
| KWKB-DT2 ION M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.2                     | I                  | No                      |                                   | Iowa City, IA          |                                                                 |  |
| KWWL/KWWL(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7                        | N                  | No                      |                                   | Waterloo, IA           |                                                                 |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                    |                         | SYSTEM ID#<br><b>027657</b>       |                        | Name                                                     |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        | <div>G</div> <div>Primary Transmitters: Television</div> |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li><li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li></ul> <p><b>Column 1:</b> List each station’s call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as “WETA-2”. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter “N” (for network), “N-M” (for network multicast), “I” (for independent), “I-M” (for independent multicast), “E” (for noncommercial educational), or “E-M” (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. “distant”), enter “Yes”. If not, enter “No”. For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered “Yes” in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering “LAC” if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation “E” (exempt). For simulcasts, also enter “E”. If you carried the channel on any other basis, enter “O.” For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   |                        |                                                          |  |
| CHANNEL LINE-UP AA Cont.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                    |                         |                                   |                        |                                                          |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |                                                          |  |
| KWWL-DT2 Heros                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.2                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWWL-DT3 (MeTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.3                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KFXA-DT4 Nest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.4                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KWWL-DT4 Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.4                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWWL-DT5 True                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7.5                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWKB-DT3 SonLi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.3                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |
| KFXA-DT5 Comet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 27.5                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KFXA-DT1 DBAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.1                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT2 Grit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 47.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT3 Bound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT4 Laff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 47.4                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT5 ION PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 47.5                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT6 ION M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47.6                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT7 JTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 47.7                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KWKB-DT9 Get T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.9                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |
| KWKB-DT4 Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.4                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                    |                         | SYSTEM ID#<br><b>027657</b>       |                        | Name                                                    |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        | <b>G</b><br><br><b>Primary Transmitters: Television</b> |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li><li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li></ul> <p><b>Column 1:</b> List each station’s call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as “WETA-2”. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter “N” (for network), “N-M” (for network multicast), “I” (for independent), “I-M” (for independent multicast), “E” (for noncommercial educational), or “E-M” (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. “distant”), enter “Yes”. If not, enter “No”. For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered “Yes” in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering “LAC” if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation “E” (exempt). For simulcasts, also enter “E”. If you carried the channel on any other basis, enter “O.” For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   |                        |                                                         |  |
| <b>CHANNEL LINE-UP AB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                    |                         |                                   |                        |                                                         |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. B’CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |                                                         |  |
| KCRG/KCRG(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9                        | N                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KCRG-DT2/KCRG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.2                      | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KCRG-DT3/KCRG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.3                      | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KFXA-DT2 Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 27.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KFXA-DT3 ROAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KFXB (CNT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 43                       | I                  | No                      |                                   | Dubuque, IA            |                                                         |  |
| KGAN/KGAN(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 51                       | N                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KGAN-DT2/KGAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 51.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KGAN-DT3 Quest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 51.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KPXR/KPXR (HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47                       | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KWKB/KWKB(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25                       | I                  | No                      |                                   | Iowa City, IA          |                                                         |  |
| KWKB-DT2 ION M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.2                     | I                  | No                      |                                   | Iowa City, IA          |                                                         |  |
| KWWL/KWWL(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7                        | N                  | No                      |                                   | Waterloo, IA           |                                                         |  |
| KWWL-DT2 Heros                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.2                      | I                  | No                      |                                   | Waterloo, IA           |                                                         |  |
| KWWL-DT3 (MeTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.3                      | I                  | No                      |                                   | Waterloo, IA           |                                                         |  |
| KYIN/KYIN(HD) PE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18                       | E                  | No                      |                                   | Mason City, IA         |                                                         |  |
| KYIN-DT2 (PBS) K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18.2                     | E                  | No                      |                                   | Mason City, IA         |                                                         |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                          |                            |                                         | <b>SYSTEM ID#</b><br><b>027657</b> | <b>Name</b>                                             |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><br><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.<br><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:<br><ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).<br><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.<br><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.<br><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.<br><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.<br>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.<br><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.<br><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |                                |                          |                            |                                         |                                    | <b>G</b><br><br><b>Primary Transmitters: Television</b> |
| <b>CHANNEL LINE-UP AB Cont.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                          |                            |                                         |                                    |                                                         |
| 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION             |                                                         |
| KYIN-DT3 (PBS) World                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 18.3                           | E                        | No                         |                                         | Mason City, IA                     |                                                         |
| KYIN-DT4 (PBS) Create                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18.4                           | E                        | No                         |                                         | Mason City, IA                     |                                                         |
| KFXA-DT4 Nest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 27.4                           | I                        | No                         |                                         | Cedar Rapids, IA                   |                                                         |
| KWWL-DT4 Court TV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.4                            | I                        | No                         |                                         | Waterloo, IA                       |                                                         |
| KWWL-DT5 True Crime Net                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7.5                            | I                        | No                         |                                         | Waterloo, IA                       |                                                         |
| KWKB-DT3 SonLife                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25.3                           | I                        | No                         |                                         | Iowa City, IA                      |                                                         |
| KFXA-DT5 Comet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 27.5                           | I                        | No                         |                                         | Cedar Rapids, IA                   |                                                         |
| KFXA-DT1 DBAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 27.1                           | I                        | No                         |                                         | Cedar Rapids, IA                   |                                                         |
| KPXR-DT2 Grit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 47.2                           | I                        | No                         |                                         | Cedar Rapids, IA                   |                                                         |
| KPXR-DT3 Bounce TV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 47.3                           | I                        | No                         |                                         | Cedar Rapids, IA                   |                                                         |
| KPXR-DT4 Laff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 47.4                           | I                        | No                         |                                         | Cedar Rapids, IA                   |                                                         |
| KPXR-DT5 ION Plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47.5                           | I                        | No                         |                                         | Cedar Rapids, IA                   |                                                         |
| KPXR-DT7 JTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 47.7                           | I                        | No                         |                                         | Cedar Rapids, IA                   |                                                         |
| KPXR-DT6 ION Mystery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 47.6                           | I                        | No                         |                                         | Cedar Rapids, IA                   |                                                         |
| KWKB-DT9 Get TV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 25.9                           | I                        | No                         |                                         | Iowa City, IA                      |                                                         |
| KWKB-DT4 Start Tv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.4                           | I                        | No                         |                                         | Iowa City, IA                      |                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                    |                         |                                   |                        |                                                         |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                    |                         | SYSTEM ID#<br><b>027657</b>       |                        | Name                                                    |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        | <b>G</b><br><br><b>Primary Transmitters: Television</b> |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li><li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li></ul> <p><b>Column 1:</b> List each station’s call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as “WETA-2”. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter “N” (for network), “N-M” (for network multicast), “I” (for independent), “I-M” (for independent multicast), “E” (for noncommercial educational), or “E-M” (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. “distant”), enter “Yes”. If not, enter “No”. For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered “Yes” in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering “LAC” if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation “E” (exempt). For simulcasts, also enter “E”. If you carried the channel on any other basis, enter “O.” For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   |                        |                                                         |  |
| <b>CHANNEL LINE-UP AC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                    |                         |                                   |                        |                                                         |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. B’CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |                                                         |  |
| KCRG/KCRG(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9                        | N                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KCRG-DT2/KCRG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.2                      | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KCRG-DT3/KCRG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.3                      | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KFXA-DT2 Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 27.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KFXA-DT3 ROAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KFXB (CNT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 43                       | I                  | No                      |                                   | Dubuque, IA            |                                                         |  |
| KGAN/KGAN(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 51                       | N                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KGAN-DT2/KGAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 51.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KGAN-DT3 Quest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 51.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KIIN/KIIN(HD) PBS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12                       | E                  | No                      |                                   | Iowa City, IA          |                                                         |  |
| KIIN-DT2 (IPTV) P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12.2                     | E                  | No                      |                                   | Iowa City, IA          |                                                         |  |
| KIIN-DT3 (PBS) W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12.3                     | E                  | No                      |                                   | Iowa City, IA          |                                                         |  |
| KIIN-DT4 PBS Cre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12.4                     | E                  | No                      |                                   | Iowa City, IA          |                                                         |  |
| KPXR/KPXR (HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47                       | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KWKB/KWKB(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25                       | I                  | No                      |                                   | Iowa City, IA          |                                                         |  |
| KWKB-DT2 ION M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.2                     | I                  | No                      |                                   | Iowa City, IA          |                                                         |  |
| KWWL/KWWL(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7                        | N                  | No                      |                                   | Waterloo, IA           |                                                         |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                    |                         | SYSTEM ID#<br><b>027657</b>       |                        | Name                                                     |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        | <div>G</div> <div>Primary Transmitters: Television</div> |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li><li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li></ul> <p><b>Column 1:</b> List each station’s call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as “WETA-2”. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter “N” (for network), “N-M” (for network multicast), “I” (for independent), “I-M” (for independent multicast), “E” (for noncommercial educational), or “E-M” (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. “distant”), enter “Yes”. If not, enter “No”. For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered “Yes” in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering “LAC” if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation “E” (exempt). For simulcasts, also enter “E”. If you carried the channel on any other basis, enter “O.” For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   |                        |                                                          |  |
| CHANNEL LINE-UP AC Cont.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                    |                         |                                   |                        |                                                          |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |                                                          |  |
| KWWL-DT2 Heros                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.2                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWWL-DT3 (MeTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.3                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KFXA-DT4 Nest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.4                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KWWL-DT4 Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.4                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWWL-DT5 True                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7.5                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWKB-DT3 SonLi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.3                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |
| KFXA-DT5 Comet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 27.5                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KFXA-DT1 DBAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.1                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT2 Grit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 47.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT3 Bound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT4 Laff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 47.4                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT5 ION PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 47.5                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT7 JTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 47.7                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT6 ION M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47.6                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KWKB-DT9 Get T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.9                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |
| KWKB-DT4 Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.4                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                    |                         | SYSTEM ID#<br><b>027657</b>       |                        | Name                                                    |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        | <b>G</b><br><br><b>Primary Transmitters: Television</b> |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li><li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li></ul> <p><b>Column 1:</b> List each station’s call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as “WETA-2”. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter “N” (for network), “N-M” (for network multicast), “I” (for independent), “I-M” (for independent multicast), “E” (for noncommercial educational), or “E-M” (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. “distant”), enter “Yes”. If not, enter “No”. For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered “Yes” in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering “LAC” if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation “E” (exempt). For simulcasts, also enter “E”. If you carried the channel on any other basis, enter “O.” For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   |                        |                                                         |  |
| <b>CHANNEL LINE-UP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                         |                                   |                        | <b>AD</b>                                               |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. B’CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |                                                         |  |
| KCRG/KCRG(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9                        | N                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KCRG-DT2/KCRG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.2                      | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KCRG-DT3/KCRG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.3                      | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KDIN/KDIN HD PB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11                       | E                  | Yes                     | O                                 | Des Moines, IA         |                                                         |  |
| KDIN-DT2 PBS KI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11.2                     | E                  | Yes                     | O                                 | Des Moines, IA         |                                                         |  |
| KDIN-DT3 PBS W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11.3                     | E                  | Yes                     | O                                 | Des Moines, IA         |                                                         |  |
| KDIN-DT4 PBS Cr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11.4                     | E                  | Yes                     | O                                 | Des Moines, IA         |                                                         |  |
| KFXA-DT2 Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 27.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KFXA-DT3 ROAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KFXB (CNT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 43                       | I                  | No                      |                                   | Dubuque, IA            |                                                         |  |
| KGAN/KGAN(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 51                       | N                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KGAN-DT2/KGAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 51.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KGAN-DT3 Quest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 51.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KPXR/KPXR (HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47                       | I                  | No                      |                                   | Cedar Rapids, IA       |                                                         |  |
| KWKB/KWKB(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25                       | I                  | No                      |                                   | Iowa City, IA          |                                                         |  |
| KWKB-DT2 ION M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25.2                     | I                  | No                      |                                   | Iowa City, IA          |                                                         |  |
| KWWL/KWWL(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7                        | N                  | No                      |                                   | Waterloo, IA           |                                                         |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                    |                         | SYSTEM ID#<br><b>027657</b>       |                        | Name                                                     |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                    |                         |                                   |                        | <div>G</div> <div>Primary Transmitters: Television</div> |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li><li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li></ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   |                        |                                                          |  |
| CHANNEL LINE-UP AD Cont.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                    |                         |                                   |                        |                                                          |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |                                                          |  |
| KWWL-DT2 Heros                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7.2                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWWL-DT3 (MeTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7.3                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KFXA-DT4 Nest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 27.4                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KWWL-DT4 Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7.4                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWWL-DT5 True                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7.5                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWKB-DT3 SonLi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25.3                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |
| KFXA-DT5 Comet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 27.5                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KFXA-DT1 DBAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 27.1                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT2 Grit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 47.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT3 Bound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 47.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT4 Laff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 47.4                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT5 ION PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 47.5                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT7 JTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 47.7                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT6 ION M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 47.6                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KWKB-DT9 Get T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25.9                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |
| KWKB-DT4 Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25.4                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                    |                         | SYSTEM ID#<br><b>027657</b>       |                        | Name                                                     |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        | <div>G</div> <div>Primary Transmitters: Television</div> |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li><li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li></ul> <p><b>Column 1:</b> List each station’s call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as “WETA-2”. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter “N” (for network), “N-M” (for network multicast), “I” (for independent), “I-M” (for independent multicast), “E” (for noncommercial educational), or “E-M” (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. “distant”), enter “Yes”. If not, enter “No”. For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered “Yes” in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering “LAC” if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation “E” (exempt). For simulcasts, also enter “E”. If you carried the channel on any other basis, enter “O.” For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   |                        |                                                          |  |
| CHANNEL LINE-UP AE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                    |                         |                                   |                        |                                                          |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. B’CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |                                                          |  |
| KCRG/KCRG(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9                        | N                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KCRG-DT2/KCRG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.2                      | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KCRG-DT3/KCRG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.3                      | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KFXA-DT2 Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 27.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KFXA-DT3 ROAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KFXB (CNT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 43                       | I                  | No                      |                                   | Dubuque, IA            |                                                          |  |
| KGAN/KGAN(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 51                       | N                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KGAN-DT2/KGAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 51.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KGAN-DT3 Quest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 51.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KWKB/KWKB(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25                       | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |
| KWWL/KWWL(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7                        | N                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWWL-DT2 Heros                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.2                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWWL-DT3 (MeTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.3                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KYIN/KYIN(HD) P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18                       | E                  | No                      |                                   | Mason City, IA         |                                                          |  |
| KYIN-DT2 (PBS) K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18.2                     | E                  | No                      |                                   | Mason City, IA         |                                                          |  |
| KYIN-DT3 (PBS) V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18.3                     | E                  | No                      |                                   | Mason City, IA         |                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                    |                         | SYSTEM ID#<br><b>027657</b>       |                        | Name                                                     |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        | <div>G</div> <div>Primary Transmitters: Television</div> |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li><li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li></ul> <p><b>Column 1:</b> List each station’s call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as “WETA-2”. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter “N” (for network), “N-M” (for network multicast), “I” (for independent), “I-M” (for independent multicast), “E” (for noncommercial educational), or “E-M” (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. “distant”), enter “Yes”. If not, enter “No”. For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered “Yes” in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering “LAC” if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation “E” (exempt). For simulcasts, also enter “E”. If you carried the channel on any other basis, enter “O.” For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   |                        |                                                          |  |
| <b>CHANNEL LINE-UP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                         |                                   |                        | <b>AE Cont.</b>                                          |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. B’CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |                                                          |  |
| KYIN-DT4 (PBS) C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18.4                     | E                  | No                      |                                   | Mason City, IA         |                                                          |  |
| KFXA-DT4 Nest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.4                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KWWL-DT4 Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.4                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWWL-DT5 True C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7.5                      | I                  | No                      |                                   | Waterloo, IA           |                                                          |  |
| KWKB-DT3 SonLit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25.3                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |
| KFXA-DT5 Comet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 27.5                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KFXA-DT1 DBAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27.1                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR/KPXR (HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47                       | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT2 Grit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 47.2                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT3 Bounc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47.3                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT4 Laff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 47.4                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT5 ION Pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 47.5                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KPXR-DT7 JTV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 47.7                     | I                  | No                      |                                   | Cedar Rapids, IA       |                                                          |  |
| KWKB-DT9 Get TV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25.9                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |
| KWKB-DT4 Start T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25.4                     | I                  | No                      |                                   | Iowa City, IA          |                                                          |  |

Form SA3E Long Form (Rev. 05-17)





[illegible]

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SYSTEM ID#<br><b>027657</b>                                     | Name                                                                                                                                                                                     |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ....<br><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 | <b>K</b><br>Gross Receipts                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <div>\$1,626,370.83</div> <div>(Amount of gross receipts)</div> |                                                                                                                                                                                          |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"><li>• Complete block 1, showing your minimum fee.</li><li>• Complete block 2, showing whether your system carried any distant television stations.</li><li>• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li><li>• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li></ul> <p>► If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</p> <p>► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.</p> <p>► If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 | <b>L</b><br>Copyright Royalty Fee                                                                                                                                                        |
| Block 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K <div>\$1,626,370.83</div><br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here. <div>\$17,304.59</div><br>This is your minimum fee.                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                                                                                                                                                                          |
| Block 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"><li>• Did your cable system carry any distant television stations during the accounting period?<br/><input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                                                                                                                                          |
| Block 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero <div>\$199.71</div><br>Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero <div>0.00</div><br>Line 3. Add lines 1 and 2 and enter here <div>\$199.71</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                                                                                                                                                                          |
| Block 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger <div>\$17,304.59</div><br>Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. <div>0.00</div><br>Line 3. Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) ..... <div>0.00</div><br>Line 4. <b>FILING FEE.</b> ..... <div>\$725.00</div><br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here ..... <div>\$18,029.59</div><br>Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.) |                                                                 | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing additional fees. Division for the appropriate form for submitting the additional fees. |

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|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Name                                                        | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SYSTEM ID#<br><b>027657</b> |
| M<br><br>Channels                                           | <b>CHANNELS</b><br><b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <div>61</div><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <div>80</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |
| N<br><br>Individual to Be Contacted for Further Information | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <b>Kenneth J. Kohrs</b> Telephone <b>845-443-2762</b><br><br>Address <b>One Mediacom Way</b><br>(Number, street, rural route, apartment, or suite number)<br><br><b>Mediacom Park, NY 10918</b><br>(City, town, state, zip)<br><br>Email <b>Copyrights@mediacomcc.com</b> Fax (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| O<br><br>Certification                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or<br><br><input checked="" type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or<br><br><input type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.<br><br>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br>[18 U.S.C., Section 1001(1986)]<br><br><div><div><div>X</div><div>/s/ Kenneth J. Kohrs</div></div><div>Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.</div><div>Typed or printed name: <b>Kenneth J. Kohrs</b></div><div>Title: <b>Group Vice President, Financial Reporting</b><br/>(Title of official position held in corporation or partnership)</div><div>Date: <b>August 8, 2025</b></div></div> |                             |

**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |                                                                       |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|-----------------------------------------------------------------------|-------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | SYSTEM ID#<br><b>027657</b> | Name                                                                  |                                     |
| <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br>“In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.”<br><br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.<br><br>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?<br><br><input checked="" type="checkbox"/> NO<br><br><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                             | <b>P</b><br><br>Special Statement Concerning Gross Receipts Exclusion |                                     |
| Name<br>Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Name<br>Mailing Address     |                                                                       |                                     |
| <b>INTEREST ASSESSMENTS</b><br>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.<br><br>Line 1 Enter the amount of late payment or underpayment . . . . .<br><br>x<br><br>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -<br><br>x days<br><br>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -<br><br>x 0.00274<br><br>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) . . . . . \$ -<br><br>(interest charge)<br><br>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a> .<br><br>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.<br><br>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.<br><br>Owner<br>Address<br><br>First community served<br>Accounting period<br>ID number |  |                             |                                                                       | <b>Q</b><br><br>Interest Assessment |

**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE

WHAT IS A “DSE”

The term “distant signal equivalent” (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system’s total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION’S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station’s total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1:** Determine the station’s type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

- **Independent:** its type-value is . . . . . 1.00
- **Network:** its type-value is . . . . . 0.25
- **Noncommercial educational:** its type-value is . . . . . 0.25

Note that local stations are not counted at all in computing DSEs.

**Step 2:** Calculate the station’s basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station’s DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

**Step 1:** For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered “Yes” in column 2 and “P” in column 7 of space I.)

**Step 2:** Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station’s DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

**The 3.75 Fee.** If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as “the former FCC rules”) in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

**The Syndicated Exclusivity Surcharge.** Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC’s syndicated exclusivity rules in effect on June 24, 1981.

**The Minimum Fee/Base Rate Fee/3.75 Percent Fee.** All cable systems filing SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a “Permitted” Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 76.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

**Substitution of Grandfathered Stations.** Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 1981, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31, 1972. These stations are exempt from the FCC’s syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system’s market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station’s local service area and, at the same time, to other subscribers located outside that area.

- If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system’s permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.

|                                            |                          |
|--------------------------------------------|--------------------------|
| First DSE                                  | 1.064% of gross receipts |
| Each of the second, third, and fourth DSEs | 0.701% of gross receipts |
| The fifth and each additional DSE          | 0.330% of gross receipts |

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- If any of the stations were partially distant:
  1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
  2. Identify the communities/areas represented by each subscriber group.
  3. For each subscriber group, calculate the total number of DSEs of that group’s complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station’s DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station’s DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group’s complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system’s total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

**What to Do If You Need More Space on the DSE Schedule.** There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

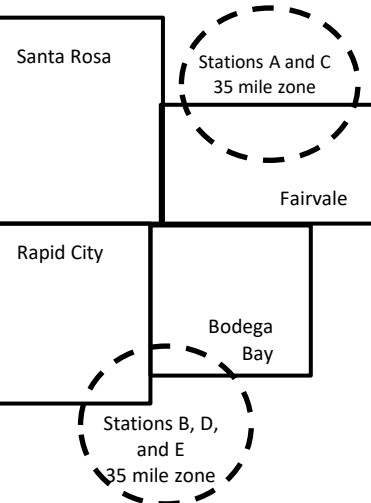
**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

*The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.*

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

| <p>In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.</p>  | Distant Stations Carried                |                                                               | Identification of Subscriber Groups |                                             |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------|-------------------------------------|---------------------------------------------|---------------------------------|
|                                                                                                                                                                                                                                                                                                                       | STATION                                 | DSE                                                           | CITY                                | OUTSIDE LOCAL                               | GROSS RECEIPTS FROM SUBSCRIBERS |
|                                                                                                                                                                                                                                                                                                                       | A (independent)                         | 1.0                                                           |                                     | SERVICE AREA OF                             | \$310,000.00                    |
|                                                                                                                                                                                                                                                                                                                       | B (independent)                         | 1.0                                                           | Santa Rosa                          | Stations A, B, C, D ,E                      | 100,000.00                      |
|                                                                                                                                                                                                                                                                                                                       | C (part-time)                           | 0.083                                                         | Rapid City                          | Stations A and C                            | 70,000.00                       |
|                                                                                                                                                                                                                                                                                                                       | D (part-time)                           | 0.139                                                         | Bodega Bay                          | Stations A and C                            | 120,000.00                      |
|                                                                                                                                                                                                                                                                                                                       | E (network)                             | <u>0.25</u>                                                   | Fairvale                            | Stations B, D, and E                        | <u>\$600,000.00</u>             |
|                                                                                                                                                                                                                                                                                                                       | <b>TOTAL DSEs</b>                       | <b>2.472</b>                                                  |                                     | <b>TOTAL GROSS RECEIPTS</b>                 |                                 |
|                                                                                                                                                                                                                                                                                                                       | <b>Minimum Fee</b> Total Gross Receipts |                                                               |                                     | \$600,000.00                                |                                 |
|                                                                                                                                                                                                                                                                                                                       |                                         |                                                               |                                     | x .01064                                    |                                 |
|                                                                                                                                                                                                                                                                                                                       |                                         |                                                               | <u>\$6,384.00</u>                   |                                             |                                 |
| <b>First Subscriber Group</b><br>(Santa Rosa)                                                                                                                                                                                                                                                                         |                                         | <b>Second Subscriber Group</b><br>(Rapid City and Bodega Bay) |                                     | <b>Third Subscriber Group</b><br>(Fairvale) |                                 |
| Gross receipts                                                                                                                                                                                                                                                                                                        | \$310,000.00                            | Gross receipts                                                | \$170,000.00                        | Gross receipts                              | \$120,000.00                    |
| DSEs                                                                                                                                                                                                                                                                                                                  | 2.472                                   | DSEs                                                          | 1.083                               | DSEs                                        | 1.389                           |
| Base rate fee                                                                                                                                                                                                                                                                                                         | \$6,497.20                              | Base rate fee                                                 | \$1,907.71                          | Base rate fee                               | \$1,604.03                      |
| \$310,000 x .01064 x 1.0 =                                                                                                                                                                                                                                                                                            | 3,298.40                                | \$170,000 x .01064 x 1.0 =                                    | 1,808.80                            | \$120,000 x .01064 x 1.0 =                  | 1,276.80                        |
| \$310,000 x .00701 x 1.472 =                                                                                                                                                                                                                                                                                          | 3,198.80                                | \$170,000 x .00701 x .083 =                                   | 98.91                               | \$120,000 x .00701 x .389 =                 | 327.23                          |
| Base rate fee                                                                                                                                                                                                                                                                                                         | <u>\$6,497.20</u>                       | Base rate fee                                                 | <u>\$1,907.71</u>                   | Base rate fee                               | <u>\$1,604.03</u>               |
| <b>Total Base Rate Fee:</b> \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94                                                                                                                                                                                                                                        |                                         |                                                               |                                     |                                             |                                 |
| In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)                                                                                                                                                                                                                        |                                         |                                                               |                                     |                                             |                                 |

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

| Name                                                                                                                                                                                                                                                            | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SYSTEM ID#<br><b>027657</b>          |                                   |                            |               |                       |                           |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|----------------------------|---------------|-----------------------|---------------------------|--------|
| <b>3</b><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel<br>Capacity                                                                                                                                | <p><b>Instructions: CAPACITY</b></p> <p><b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).</p> <p><b>Column 2:</b> For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.</p> <p><b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.</p> <p><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.</p> <p><b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."</p> <p><b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.)</p> |                                      |                                   |                            |               |                       |                           |        |
|                                                                                                                                                                                                                                                                 | <b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                   |                            |               |                       |                           |        |
|                                                                                                                                                                                                                                                                 | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. NUMBER OF HOURS CARRIED BY SYSTEM | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS OF CARRIAGE VALUE | 5. TYPE VALUE | 6. DSE                |                           |        |
|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 | x                          | =             |                       |                           |        |
|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 | x                          | =             |                       |                           |        |
|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 | x                          | =             |                       |                           |        |
|                                                                                                                                                                                                                                                                 | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =                                    | x                                 | =                          |               |                       |                           |        |
|                                                                                                                                                                                                                                                                 | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =                                    | x                                 | =                          |               |                       |                           |        |
|                                                                                                                                                                                                                                                                 | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =                                    | x                                 | =                          |               |                       |                           |        |
|                                                                                                                                                                                                                                                                 | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =                                    | x                                 | =                          |               |                       |                           |        |
|                                                                                                                                                                                                                                                                 | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =                                    | x                                 | =                          |               |                       |                           |        |
| <p><b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b></p> <p>Add the DSEs of each station.<br/>Enter the sum here and in line 2 of part 5 of this schedule, .....▶ <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span></p>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            |               |                       |                           |        |
| <b>4</b><br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations                                                                                                                                                                                         | <p><b>Instructions:</b></p> <p><b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:</p> <ul style="list-style-type: none"> <li>• Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and</li> <li>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> </ul> <p><b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</p> <p><b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.</p> <p><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).</p>                                                                             |                                      |                                   |                            |               |                       |                           |        |
|                                                                                                                                                                                                                                                                 | <b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                   |                            |               |                       |                           |        |
|                                                                                                                                                                                                                                                                 | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. NUMBER OF PROGRAMS                | 3. NUMBER OF DAYS IN YEAR         | 4. DSE                     | 1. CALL SIGN  | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                     | =                         |        |
|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                     | =                         |        |
|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                     | =                         |        |
|                                                                                                                                                                                                                                                                 | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =                                    |                                   |                            | ÷             | =                     |                           |        |
|                                                                                                                                                                                                                                                                 | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =                                    |                                   |                            | ÷             | =                     |                           |        |
|                                                                                                                                                                                                                                                                 | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =                                    |                                   |                            | ÷             | =                     |                           |        |
| <p><b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b></p> <p>Add the DSEs of each station.<br/>Enter the sum here and in line 3 of part 5 of this schedule, .....▶ <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            |               |                       |                           |        |
| <b>5</b><br>Total Number<br>of DSEs                                                                                                                                                                                                                             | <p><b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                   |                            |               |                       |                           |        |
|                                                                                                                                                                                                                                                                 | <p>1. Number of DSEs from part 2 ● _____ ▶ <span style="float: right;"><b>1.00</b></span></p> <p>2. Number of DSEs from part 3 ● _____ ▶ <span style="float: right;"><b>0.00</b></span></p> <p>3. Number of DSEs from part 4 ● _____ ▶ <span style="float: right;"><b>0.00</b></span></p> <p>TOTAL NUMBER OF DSEs _____ ▶ <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>1.00</b></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                   |                            |               |                       |                           |        |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|--------------|--------------------|--------|-----------------------------|--------------------|------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |        |              |                    |        | SYSTEM ID#<br><b>027657</b> |                    | Name                                           |  |
| <b>Instructions:</b> Block A must be completed.<br>In block A:<br>• If your answer is "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.<br>• If your answer is "No," complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |        |              |                    |        |                             |                    | <b>6</b><br><br><b>Computation of 3.75 Fee</b> |  |
| BLOCK A: TELEVISION MARKETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |        |              |                    |        |                             |                    |                                                |  |
| Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?<br><br><input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.<br><input checked="" type="checkbox"/> No—Complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |        |              |                    |        |                             |                    |                                                |  |
| BLOCK B: CARRIAGE OF PERMITTED DSEs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |        |              |                    |        |                             |                    |                                                |  |
| <div><div>Column 1:<br/>CALL SIGN</div><div>List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)</div></div> <div><div>Column 2:<br/>BASIS OF PERMITTED CARRIAGE</div><div>Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)<br/>A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]<br/>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)<br/>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]<br/>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).<br/>E Carried pursuant to individual waiver of FCC rules (76.7)<br/>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981<br/>G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]<br/>M Retransmission of a distant multicast stream.</div></div> <div><div>Column 3:</div><div>List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.<br/>*(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)</div></div> |                    |        |              |                    |        |                             |                    |                                                |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN                | 2. PERMITTED BASIS | 3. DSE                                         |  |
| KDIN/KDIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | 0.25   |              |                    |        |                             |                    |                                                |  |
| KDIN-DT2 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | 0.25   |              |                    |        |                             |                    |                                                |  |
| KDIN-DT3 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | 0.25   |              |                    |        |                             |                    |                                                |  |
| KDIN-DT4 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | 0.25   |              |                    |        |                             |                    |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |              |                    |        |                             |                    |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |              |                    |        |                             |                    |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |              |                    |        |                             |                    |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |              |                    |        |                             |                    | 1.00                                           |  |
| BLOCK C: COMPUTATION OF 3.75 FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |        |              |                    |        |                             |                    |                                                |  |
| Line 1: Enter the total number of DSEs from part 5 of this schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |        |              |                    |        |                             |                    |                                                |  |
| Line 2: Enter the sum of permitted DSEs from block B above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |        |              |                    |        |                             |                    |                                                |  |
| Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.<br>(If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |        |              |                    |        |                             |                    |                                                |  |
| Line 4: Enter gross receipts from space K (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |        |              |                    |        |                             |                    |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |              |                    |        |                             |                    | x 0.0375                                       |  |
| Line 5: Multiply line 4 by 0.0375 and enter sum here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |        |              |                    |        |                             |                    |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |              |                    |        |                             |                    | x                                              |  |
| Line 6: Enter total number of DSEs from line 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |        |              |                    |        |                             |                    |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |              |                    |        |                             |                    |                                                |  |
| Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |              |                    |        |                             |                    |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |              |                    |        |                             |                    | 0.00                                           |  |

Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions.



| <b>Name</b>                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SYSTEM ID#</b><br><b>027657</b> |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
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| <b>Worksheet for<br/>Computating<br/>the DSE<br/>Schedule for<br/>Permitted<br/>Part-Time and<br/>Substitute<br/>Carriage</b>                           | <p><b>Instructions:</b> You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)</p> <p>Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule.</p> <p>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</p> <p>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).</p> <p>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:<br/>           (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).</p> <p>B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</p> <p>S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</p> <p>Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.</p> <p>Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.</p> <p><b>IMPORTANT:</b> The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on file in the Licensing Division.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
|                                                                                                                                                         | PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
|                                                                                                                                                         | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. PRIOR<br>DSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. ACCOUNTING<br>PERIOD            | 4. BASIS OF<br>CARRIAGE | 5. PRESENT<br>DSE | 6. PERMITTED<br>DSE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
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| <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">7</div> <b>Computation<br/>of the<br/>Syndicated<br/>Exclusivity<br/>Surcharge</b> | <p><b>Instructions:</b> Block A must be completed.</p> <p>In block A:<br/>           If your answer is "Yes," complete blocks B and C, below.<br/>           If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
|                                                                                                                                                         | BLOCK A: MAJOR TELEVISION MARKET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
|                                                                                                                                                         | <p>• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?</p> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Yes—Complete blocks B and C .</span> <span><input type="checkbox"/> No—Proceed to part 8</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
|                                                                                                                                                         | <p style="text-align: center; background-color: #f2f2f2; margin-bottom: 5px;">BLOCK B: Carriage of VHF/Grade B Contour Stations</p> <p>Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?</p> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE         </div> <input checked="" type="checkbox"/> No—Enter zero and proceed to part 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p style="text-align: center; background-color: #f2f2f2; margin-bottom: 5px;">BLOCK C: Computation of Exempt DSEs</p> <p>Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)</p> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE         </div> <input checked="" type="checkbox"/> No—Enter zero and proceed to part 8. |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
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| TOTAL DSEs                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.00                               |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
| CALL SIGN                                                                                                                                               | DSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DSE                                |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
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|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |
| TOTAL DSEs                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.00                               |                         |                   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |     |           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |      |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SYSTEM ID#<br><b>027657</b> | Name                                                                        |
| BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <div>7</div> <div>Computation of the Syndicated Exclusivity Surcharge</div> |
| Section 1                                                                                                                                                                                                                | Enter the amount of gross receipts from space K (page 7) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ 1,626,370.83             |                                                                             |
| Section 2                                                                                                                                                                                                                | A. Enter the total DSEs from block B of part 7 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.00                        |                                                                             |
|                                                                                                                                                                                                                          | B. Enter the total number of exempt DSEs from block C of part 7 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.00                        |                                                                             |
|                                                                                                                                                                                                                          | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. <b>If zero, proceed to part 8.</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ 0.00                     |                                                                             |
| • Is any portion of the cable system within a top 50 television market as defined by the FCC?<br><input type="checkbox"/> Yes—Complete section 3 below. <input checked="" type="checkbox"/> No—Complete section 4 below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                             |
| SECTION 3: TOP 50 TELEVISION MARKET                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                             |
| Section 3a                                                                                                                                                                                                               | <div>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br/><input type="checkbox"/> Yes—Complete part 9 of this schedule. <input checked="" type="checkbox"/> No—Complete the applicable section below.</div> <div>If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.</div> <div>A. Enter 0.00599 of gross receipts (the amount in section1) . . . . . \$</div> <div>B. Enter 0.00377 of gross receipts (the amount in section .1)..... \$</div> <div>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . .</div> <div>D. Multiply line B by line C and enter here . . . . .</div> <div>E. Add lines A and D. This is your surcharge.<br/>Enter here and on line 2 of block 4 in space L (page 7)<br/><b>Syndicated Exclusivity Surcharge</b> . . . . . \$</div>    |                             |                                                                             |
| Section 3b                                                                                                                                                                                                               | <div>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.</div> <div>A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . . \$</div> <div>B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . . \$</div> <div>C. Multiply line B by 3.000 and enter here . . . . . \$</div> <div>D. Enter 0.00178 of gross receipts (the amount in section 1) . . . . . \$</div> <div>E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here</div> <div>F. Multiply line D by line E and enter here . . . . . \$</div> <div>G. Add lines A, C, and F. This is your surcharge.<br/>Enter here and on line 2 of block 4 in space L (page 7)<br/><b>Syndicated Exclusivity Surcharge</b> . . . . . \$</div>                                                                                                                                                                                                                                                              |                             |                                                                             |
| SECTION 4: SECOND 50 TELEVISION MARKET                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                             |
| Section 4a                                                                                                                                                                                                               | <div>Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br/><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.</div> <div>If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.</div> <div>A. Enter 0.00300 of gross receipts (the amount in section 1) . . . . . \$</div> <div>B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . . \$</div> <div>C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here . . . . .</div> <div>D. Multiply line B by line C and enter here . . . . . \$</div> <div>E. Add lines A and D. This is your surcharge.<br/>Enter here and on line 2 of block 4 in space L (page 7)<br/><b>Syndicated Exclusivity Surcharge</b> . . . . . \$</div> |                             |                                                                             |

|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                              |                                                                                                                | <b>SYSTEM ID#</b><br><b>027657</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>7</b><br><br>Computation<br>of the<br>Syndicated<br>Exclusivity<br>Surcharge                                                                                                                                                                                     | Section<br>4b                                                                                                                                                                                                                            | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          | A. Enter 0.00300 of gross receipts (the amount in section 1). . . . . ▶ \$                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          | B. Enter 0.00189 of gross receipts (the amount in section 1). . . . . ▶ \$                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          | C. Multiply line B by 3.000 and enter here. . . . . ▶ \$                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          | D. Enter 0.00089 of gross receipts (the amount in section 1). . . . . ▶ \$                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. . . . . ▶            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          | F. Multiply line D by line E and enter here . . . . . ▶ \$                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2, block 4, space L (page 7)       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          | Syndicated Exclusivity Surcharge. . . . . ▶ \$                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          | <b>8</b><br><br>Computation<br>of<br>Base Rate Fee                                                             | <b>Instructions:</b><br>You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked “Yes,” use the total number of DSEs from part 5.<br>• In block A, indicate, by checking “Yes” or “No,” whether your system carried any partially distant stations.<br>• If your answer is “No,” compute your system’s base rate fee in block B. Leave part 9 blank.<br>• If your answer is “Yes” (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.<br><b>What is a partially distant station?</b> A station is “partially distant” if, at the time your system carried it, some of your subscribers were located within that station’s local service area and others were located outside that area. For the definition of a station’s “local service area,” see page (v) of the general instructions. |
| BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><input type="checkbox"/> Yes—Complete part 9 of this schedule. <input checked="" type="checkbox"/> No—Complete the following sections. |                                                                                                                                                                                                                                          |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Section<br>1                                                                                                                                                                                                                                                        | Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ <b>1,626,370.83</b>                                                                                                                                               |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Section<br>2                                                                                                                                                                                                                                                        | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked “Yes,” use the total number of DSEs from part 5.). . . . . ▶ <b>1.00</b>                                            |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Section<br>3                                                                                                                                                                                                                                                        | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.<br>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     | A. Enter 0.01064 of gross receipts<br>(the amount in section 1). . . . . ▶ \$ <b>17,304.59</b>                                                                                                                                           |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     | B. Enter 0.00701 of gross receipts<br>(the amount in section 1). . . . . ▶ \$ <b>11,400.86</b>                                                                                                                                           |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     | C. Subtract 1.000 from total DSEs<br>(the figure in section 2) and enter here. . . . . ▶ -                                                                                                                                               |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     | D. Multiply line B by line C and enter here. . . . . ▶ \$ -                                                                                                                                                                              |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     | E. Add lines A, and D. This is your base rate fee. Enter here<br>and in block 3, line 1, space L (page 7)                                                                                                                                |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                     | Base Rate Fee. . . . . ▶ \$. <b>17,304.59</b>                                                                                                                                                                                            |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                         | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                       | Name |
| Section<br><b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>If the figure in section 2 is <b>more than 4.000</b>, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1) <span style="float:right">▶ \$</span></p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1) <span style="float:right">▶ \$</span></p> <p>C. Multiply line B by 3.000 and enter here <span style="float:right">▶ \$</span></p> <p>D. Enter 0.00330 of gross receipts<br/>(the amount in section 1) <span style="float:right">▶ \$</span></p> <p>E. Subtract 4.000 from total DSEs<br/>(the figure in section 2) and enter here <span style="float:right">▶</span></p> <p>F. Multiply line D by line E and enter here <span style="float:right">▶ \$</span></p> <p>G. Add lines A, C, and F. This is your base rate fee.<br/>Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> <span style="float:right">▶ \$ <b>0.00</b></span></p> | <b>8</b><br><br><b>Computation<br/>of<br/>Base Rate Fee</b>                                                                                                                                                       |      |
| <p><b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p><b>In General:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p><b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p><b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p><b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p><b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"><li>Identify the communities/areas represented by each subscriber group.</li><li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li><li>If:<ol style="list-style-type: none"><li>your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li><li>any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li></ol></li><li>Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li><li>Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.</li><li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations, and<br/>for Partially<br/>Permitted<br/>Stations</b> |      |

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>027657</b> |
|      | <p><b>Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals</b></p> <p><b>Step 1:</b> Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.</p> <p><b>Step 2:</b> Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.</p> <p><b>Step 3:</b> Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p><b>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</b></p> <p><b>Step 1:</b> Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.</p> |                                    |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                                         | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                                         |                             |  |      |                                                                                                                                     |
| FIRST SUBSCRIBER GROUP                                                                                                                              |  |     |           |  | SECOND SUBSCRIBER GROUP                                 |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA <b>Waterloo</b>                                                                                                                     |  |     |           |  | COMMUNITY/ AREA <b>Gilbertville</b>                     |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                                     | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                                         | KDIN/KDIN HD PB             |  | 0.25 |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                                         | KDIN-DT2 PBS KI             |  | 0.25 |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                                         | KDIN-DT3 PBS W              |  | 0.25 |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                                         | KDIN-DT4 PBS Cr             |  | 0.25 |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                                         |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                                         |                             |  |      |                                                                                                                                     |
| Total DSEs                                                                                                                                          |  |     |           |  | 0.00                                                    |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group                                                                                                                          |  |     |           |  | \$ 1,374,208.80                                         |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group                                                                                                                           |  |     |           |  | \$ 0.00                                                 |                             |  |      |                                                                                                                                     |
| Total DSEs                                                                                                                                          |  |     |           |  | 1.00                                                    |                             |  |      |                                                                                                                                     |
| Gross Receipts Second Group                                                                                                                         |  |     |           |  | \$ 18,769.78                                            |                             |  |      |                                                                                                                                     |
| Base Rate Fee Second Group                                                                                                                          |  |     |           |  | \$ 199.71                                               |                             |  |      |                                                                                                                                     |
| THIRD SUBSCRIBER GROUP                                                                                                                              |  |     |           |  | FOURTH SUBSCRIBER GROUP                                 |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA <b>Cedar Falls, Cedar Falls (UNI Wa</b>                                                                                             |  |     |           |  | COMMUNITY/ AREA <b>Elk Run Heights, Evansdale, Raym</b> |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                                     | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                                         |                             |  |      |                                                                                                                                     |
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| Total DSEs                                                                                                                                          |  |     |           |  | 0.00                                                    |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group                                                                                                                          |  |     |           |  | \$ 73,285.13                                            |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group                                                                                                                           |  |     |           |  | \$ 0.00                                                 |                             |  |      |                                                                                                                                     |
| Total DSEs                                                                                                                                          |  |     |           |  | 0.00                                                    |                             |  |      |                                                                                                                                     |
| Gross Receipts Fourth Group                                                                                                                         |  |     |           |  | \$ 160,107.12                                           |                             |  |      |                                                                                                                                     |
| Base Rate Fee Fourth Group                                                                                                                          |  |     |           |  | \$ 0.00                                                 |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                                         | \$ 199.71                   |  |      |                                                                                                                                     |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                                        |     |           |     | SIXTH SUBSCRIBER GROUP              |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                                      |     |           |     | EIGHTH SUBSCRIBER GROUP             |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                               |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                          |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| NINTH SUBSCRIBER GROUP                                                                                                                                                    |     |           |     | TENTH SUBSCRIBER GROUP              |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                                 |     |           |     | TWELVTH SUBSCRIBER GROUP            |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                          |  |

Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                |  |     |           |  |                                                         | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                           |  |     |           |  |                                                         |                             |  |      |                                                                                                                                     |
| FIRST SUBSCRIBER GROUP                                                                                                                                     |  |     |           |  | SECOND SUBSCRIBER GROUP                                 |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA <b>Waterloo</b>                                                                                                                            |  |     |           |  | COMMUNITY/ AREA <b>Gilbertville</b>                     |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                                  |  | DSE | CALL SIGN |  | DSE                                                     | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                            |  |     |           |  |                                                         |                             |  |      |                                                                                                                                     |
|                                                                                                                                                            |  |     |           |  |                                                         |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                            |  |     |           |  |                                                         |                             |  |      |                                                                                                                                     |
| Total DSEs <b>0.00</b>                                                                                                                                     |  |     |           |  | Total DSEs <b>0.00</b>                                  |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ <b>1,374,208.80</b>                                                                                                          |  |     |           |  | Gross Receipts Second Group \$ <b>18,769.78</b>         |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ <b>0.00</b>                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ <b>0.00</b>               |                             |  |      |                                                                                                                                     |
| THIRD SUBSCRIBER GROUP                                                                                                                                     |  |     |           |  | FOURTH SUBSCRIBER GROUP                                 |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA <b>Cedar Falls, Cedar Falls (UNI Wa</b>                                                                                                    |  |     |           |  | COMMUNITY/ AREA <b>Elk Run Heights, Evansdale, Raym</b> |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                                  |  | DSE | CALL SIGN |  | DSE                                                     | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                            |  |     |           |  |                                                         |                             |  |      |                                                                                                                                     |
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| Total DSEs <b>0.00</b>                                                                                                                                     |  |     |           |  | Total DSEs <b>0.00</b>                                  |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ <b>73,285.13</b>                                                                                                             |  |     |           |  | Gross Receipts Fourth Group \$ <b>160,107.12</b>        |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ <b>0.00</b>                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ <b>0.00</b>               |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                                         | \$ <b>0.00</b>              |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| FIFTH SUBSCRIBER GROUP                                                                                                                              |  |     |           |  | SIXTH SUBSCRIBER GROUP              |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| SEVENTH SUBSCRIBER GROUP                                                                                                                            |  |     |           |  | EIGHTH SUBSCRIBER GROUP             |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| NINTH SUBSCRIBER GROUP                                                                                                                              |  |     |           |  | TENTH SUBSCRIBER GROUP              |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                           |  |     |           |  | TWELVTH SUBSCRIBER GROUP            |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

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| Name                                                                                                                                                                                                                                                                                                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                            | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                                                                                                                                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                           | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                           | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                           | FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                            | SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                           | Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$<br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ |
|                                                                                                                                                                                                                                                                                                                           | THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                            | FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                    |
| Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ |                                                                                                                                                                                                                                                                                                                            |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                            |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                               |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                          |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| THIRTEENTH SUBSCRIBER GROUP                                                                                                                                               |     |           |     | FOURTEENTH SUBSCRIBER GROUP         |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| FIFTEENTH SUBSCRIBER GROUP                                                                                                                                                |     |           |     | SIXTEENTH SUBSCRIBER GROUP          |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| SEVENTEENTH SUBSCRIBER GROUP                                                                                                                        |     |           |     | EIGHTEENTH SUBSCRIBER GROUP         |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| NINETEENTH SUBSCRIBER GROUP                                                                                                                         |     |           |     | TWENTIETH SUBSCRIBER GROUP          |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| \$                                                                                                                                                  |     |           |     |                                     |     |           |     |                                                                                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                                 |     |           |     | TWENTY-SECOND SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                                 |     |           |     | TWENTY-FOURTH SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                       |     |           |     | TWENTY-SIXTH SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                     |     |           |     | TWENTY-EIGHTH SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| \$                                                                                                                                                  |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                                 |     |           |     | THIRTIETH SUBSCRIBER GROUP          |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                                 |     |           |     | THIRTY-SECOND SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                                                 |     |           |     | THIRTY-FOURTH SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                 |     |           |     | THIRTY-SIXTH SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                               |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                          |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                           |     |           |     | THIRTY-EIGHTH SUBSCRIBER GROUP      |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                             |     |           |     | FORTIETH SUBSCRIBER GROUP           |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                          |  |

|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| FORTY-FIRST SUBSCRIBER GROUP                                                                                                                                                  |     |           |     | FORTY-SECOND SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| FORTY-THIRD SUBSCRIBER GROUP                                                                                                                                                  |     |           |     | FORTY-FOURTH SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                  |     |           |     | FORTY-SIXTH SUBSCRIBER GROUP        |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                |     |           |     | FORTY-EIGHTH SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| FORTY-NINTH SUBSCRIBER GROUP                                                                                                                        |     |           |     | FIFTIETH SUBSCRIBER GROUP           |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                        |     |           |     | FIFTY-SECOND SUBSCRIBER GROUP       |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| \$                                                                                                                                                  |     |           |     |                                     |     |           |     |                                                                                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                                  |     |           |     | FIFTY-FOURTH SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                  |     |           |     | FIFTY-SIXTH SUBSCRIBER GROUP        |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                               |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                          |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     | FIFTY-EIGHTH SUBSCRIBER GROUP       |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                              |     |           |     | SIXTIETH SUBSCRIBER GROUP           |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                        |     |           |     | SIXTY-SECOND SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                        |     |           |     | SIXTY-FOURTH SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| \$                                                                                                                                                  |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| SIXTY-FIFTH SUBSCRIBER GROUP                                                                                                                        |     |           |     | SIXTY-SIXTH SUBSCRIBER GROUP        |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| SIXTY-SEVENTH SUBSCRIBER GROUP                                                                                                                      |     |           |     | SIXTY-EIGHTH SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| \$                                                                                                                                                  |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                        |     |           |     | SEVENTIETH SUBSCRIBER GROUP         |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                      |     |           |     | SEVENTY-SECOND SUBSCRIBER GROUP     |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| \$                                                                                                                                                  |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| SEVENTY-THIRD SUBSCRIBER GROUP                                                                                                                      |     |           |     | SEVENTY-FOURTH SUBSCRIBER GROUP     |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| SEVENTY-FIFTH SUBSCRIBER GROUP                                                                                                                      |     |           |     | SEVENTY-SIXTH SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| \$                                                                                                                                                  |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                               |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                          |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| SEVENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                          |     |           |     | SEVENTY-EIGHTH SUBSCRIBER GROUP     |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     | EIGHTIETH SUBSCRIBER GROUP          |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                           |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| EIGHTY-FIRST SUBSCRIBER GROUP                                                                                                                       |     |           |     | EIGHTY-SECOND SUBSCRIBER GROUP      |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
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| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| EIGHTY-THIRD SUBSCRIBER GROUP                                                                                                                       |     |           |     | EIGHTY-FOURTH SUBSCRIBER GROUP      |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| \$                                                                                                                                                  |     |           |     |                                     |     |           |     |                                                                                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| EIGHTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                 |     |           |     | EIGHTY-SIXTH SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| EIGHTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                               |     |           |     | EIGHTY-EIGHTH SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                       |     |           |     | NINTIETH SUBSCRIBER GROUP           |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| NINETY-FIRST SUBSCRIBER GROUP                                                                                                                       |     |           |     | NINETY-SECOND SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| \$                                                                                                                                                  |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| NINETY-THIRD SUBSCRIBER GROUP                                                                                                                       |     |           |     | NINETY-FOURTH SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| NINETY-FIFTH SUBSCRIBER GROUP                                                                                                                       |     |           |     | NINETY-SIXTH SUBSCRIBER GROUP       |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| \$                                                                                                                                                  |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| NINETY-SEVENTH SUBSCRIBER GROUP                                                                                                                     |     |           |     | NINETY-EIGHTH SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                       |     |           |     | ONE HUNDREDTH SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FIRST SUBSCRIBER GROUP                                                                                                                                            |     |           |     | ONE HUNDRED SECOND SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED THIRD SUBSCRIBER GROUP                                                                                                                                            |     |           |     | ONE HUNDRED FOURTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     | ONE HUNDRED SIXTH SUBSCRIBER GROUP  |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP                                                                                                                                          |     |           |     | ONE HUNDRED EIGHTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                               |     |           |     | SYSTEM ID#<br><b>027657</b>          |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                          |     |           |     |                                      |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| ONE HUNDRED NINTH SUBSCRIBER GROUP                                                                                                                                        |     |           |     | ONE HUNDRED TENTH SUBSCRIBER GROUP   |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                    |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                            | DSE | CALL SIGN | DSE |                                                                                                                          |  |
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| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                      |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Second Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Second Group \$ 0.00   |     |           |     |                                                                                                                          |  |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | ONE HUNDRED TWELVTH SUBSCRIBER GROUP |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                    |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                            | DSE | CALL SIGN | DSE |                                                                                                                          |  |
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| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                      |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Fourth Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Fourth Group \$ 0.00   |     |           |     |                                                                                                                          |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                      |     |           |     |                                                                                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>             |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                         |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP                                                                                                             |     |           |     | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                       |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                               | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                         |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00     |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00      |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                              |     |           |     | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP  |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                       |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                               | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                         |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00     |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00      |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |
| \$                                                                                                                                                  |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                               |     |           |     | SYSTEM ID#<br><b>027657</b>             |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                          |     |           |     |                                         |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                                  |     |           |     | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                       |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                               | DSE | CALL SIGN | DSE |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                         |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                         |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Second Group \$ 0.00     |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Second Group \$ 0.00      |     |           |     |                                                                                                                          |  |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP  |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                         |     |           |     | COMMUNITY/ AREA 0                       |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                               | DSE | CALL SIGN | DSE |                                                                                                                          |  |
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|                                                                                                                                                                           |     |           |     |                                         |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                           |     |           |     | Total DSEs 0.00                         |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                        |     |           |     | Gross Receipts Fourth Group \$ 0.00     |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                         |     |           |     | Base Rate Fee Fourth Group \$ 0.00      |     |           |     |                                                                                                                          |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                         |     |           |     |                                                                                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>                |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                            |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>                |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                            |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>                |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                            |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP     |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>                |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                            |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP                                                                                                           |     |           |     | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                          |  |
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| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00        |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00         |     |           |     |                                                                                                                          |  |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                           |     |           |     | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP  |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                          |  |
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|                                                                                                                                                     |     |           |     |                                            |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00        |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00         |     |           |     |                                                                                                                          |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                            |     |           |     |                                                                                                                          |  |
| \$                                                                                                                                                  |     |           |     |                                            |     |           |     |                                                                                                                          |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>                |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                            |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | ONE HUNDRED FORTIETH SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>               |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                           |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>               |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                           |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP                                                                                                            |     |           |     | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP  |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                          |     |           |     | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| \$                                                                                                                                                  |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>               |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                           |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP     |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>               |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                           |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>               |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                           |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                          |     |           |     | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                            |     |           |     | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP     |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                           |     |           | \$  |                                                                                                                                                                  |  |



Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| SEVENTEENTH SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | EIGHTEENTH SUBSCRIBER GROUP         |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| NINETEENTH SUBSCRIBER GROUP                                                                                                                         |  |     |           |  | TWENTIETH SUBSCRIBER GROUP          |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
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| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | TWENTY-SECOND SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | TWENTY-FOURTH SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | TWENTY-SIXTH SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                     |  |     |           |  | TWENTY-EIGHTH SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| \$                                                                                                                                                  |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | THIRTIETH SUBSCRIBER GROUP          |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | THIRTY-SECOND SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     |                             |  |      | \$                                                                                                                                  |



Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                     |  |     |           |  | THIRTY-EIGHTH SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | FORTIETH SUBSCRIBER GROUP           |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     |                             |  |      | \$                                                                                                                                  |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
| FORTY-FIRST SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | FORTY-SECOND SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |  |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |  |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |  |
| FORTY-THIRD SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | FORTY-FOURTH SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |  |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |  |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |  |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | FORTY-SIXTH SUBSCRIBER GROUP        |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                      |  |     |           |  | FORTY-EIGHTH SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| FORTY-NINTH SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | FIFTIETH SUBSCRIBER GROUP           |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | FIFTY-SECOND SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     |                             |  |      | \$                                                                                                                                  |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
| FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | FIFTY-FOURTH SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |  |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |  |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |  |
| FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | FIFTY-SIXTH SUBSCRIBER GROUP        |                             |  |      |                                                                                                                                     |  |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |  |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     |                             |  |      | \$                                                                                                                                  |  |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                      |  |     |           |  | FIFTY-EIGHTH SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | SIXTIETH SUBSCRIBER GROUP           |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | SIXTY-SECOND SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | SIXTY-FOURTH SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| SIXTY-FIFTH SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | SIXTY-SIXTH SUBSCRIBER GROUP        |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| SIXTY-SEVENTH SUBSCRIBER GROUP                                                                                                                      |  |     |           |  | SIXTY-EIGHTH SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                        |  |     |           |  | SEVENTIETH SUBSCRIBER GROUP         |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                      |  |     |           |  | SEVENTY-SECOND SUBSCRIBER GROUP     |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| SEVENTY-THIRD SUBSCRIBER GROUP                                                                                                                      |  |     |           |  | SEVENTY-FOURTH SUBSCRIBER GROUP     |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| SEVENTY-FIFTH SUBSCRIBER GROUP                                                                                                                      |  |     |           |  | SEVENTY-SIXTH SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
| SEVENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                    |  |     |           |  | SEVENTY-EIGHTH SUBSCRIBER GROUP     |                             |  |      |                                                                                                                                     |  |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |  |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |  |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                      |  |     |           |  | EIGHTIETH SUBSCRIBER GROUP          |                             |  |      |                                                                                                                                     |  |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |  |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |  |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |  |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |  |

Nonpermitted 3.75 Stations

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| EIGHTY-FIRST SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | EIGHTY-SECOND SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| EIGHTY-THIRD SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | EIGHTY-FOURTH SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| EIGHTY-FIFTH SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | EIGHTY-SIXTH SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| EIGHTY-SEVENTH SUBSCRIBER GROUP                                                                                                                     |  |     |           |  | EIGHTY-EIGHTH SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | NINTIETH SUBSCRIBER GROUP           |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| NINETY-FIRST SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | NINETY-SECOND SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| \$                                                                                                                                                  |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| NINETY-THIRD SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | NINETY-FOURTH SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| NINETY-FIFTH SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | NINETY-SIXTH SUBSCRIBER GROUP       |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                     | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| NINETY-SEVENTH SUBSCRIBER GROUP                                                                                                                     |  |     |           |  | NINETY-EIGHTH SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                       |  |     |           |  | ONE HUNDREDTH SUBSCRIBER GROUP      |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                   |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                 | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                     |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                     |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00 |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                     | \$                          |  |      |                                                                                                                                     |

### Nonpermitted 3.75 Stations

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------|-----|-----------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>         |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FIRST SUBSCRIBER GROUP                                                                                                                  |     |           |     | ONE HUNDRED SECOND SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED THIRD SUBSCRIBER GROUP                                                                                                                  |     |           |     | ONE HUNDRED FOURTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                     |     |           |     |                                                                                                                                                                  |  |

## 9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                      |                             |  |      |                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|--------------------------------------|-----------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                      | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                      |                             |  |      |                                                                                                                                     |
| ONE HUNDRED NINTH SUBSCRIBER GROUP                                                                                                                  |  |     |           |  | ONE HUNDRED TENTH SUBSCRIBER GROUP   |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                    |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                  | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                      |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                      |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                      |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                      |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                      |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00   |                             |  |      |                                                                                                                                     |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP                                                                                                               |  |     |           |  | ONE HUNDRED TWELVTH SUBSCRIBER GROUP |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                    |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                  | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                      |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                      |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                      |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00  |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00   |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                      |                             |  |      |                                                                                                                                     |
| \$                                                                                                                                                  |  |     |           |  |                                      |                             |  |      |                                                                                                                                     |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |                                         |                             |  |      |                                                                                                                                     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                         | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                         |                             |  |      |                                                                                                                                     |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP                                                                                                             |  |     |           |  | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                       |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                     | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                         |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                         |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                         |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                         |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00     |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00      |                             |  |      |                                                                                                                                     |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                              |  |     |           |  | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP  |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                       |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                     | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                         |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                         |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                         |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00     |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00      |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                         | \$                          |  |      |                                                                                                                                     |

### Nonpermitted 3.75 Stations

|                                                                                                                                                     |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>             |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                         |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                            |     |           |     | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                       |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                               | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                         |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00     |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00      |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                             |     |           |     | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP  |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                       |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                               | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                         |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00     |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00      |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                         |     |           |     |                                                                                                                                                                  |  |

### Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                   |     |           |     | SYSTEM ID#<br><b>027657</b>                |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                              |     |           |     |                                            |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                                               |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Second Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                                             |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                                                     | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                                               |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                                               |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                            |     |           |     | Gross Receipts Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                             |     |           |     | Base Rate Fee Fourth Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br/>Enter here and in block 3, line 1, space L (page 7)</div> <div>\$</div> |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |

### Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>                |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                            |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                           |     |           |     | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                         |     |           |     | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |



### Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>                |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                            |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP                                                                                                           |     |           |     | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                           |     |           |     | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP  |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |

### Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>                |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                            |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                         |     |           |     | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                           |     |           |     | ONE HUNDRED FORTIETH SUBSCRIBER GROUP      |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                          |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                  | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                            |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00         |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                            |     |           |     |                                                                                                                                                                  |  |

### Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>               |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                           |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP                                                                                                            |     |           |     | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                            |     |           |     | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |

### Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>               |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                           |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP                                                                                                            |     |           |     | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP  |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                          |     |           |     | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |

### Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>               |     |           |     | Name                                                                                                                                                             |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                           |     |           |     | <div>9</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                            |     |           |     | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP     |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                            |     |           |     | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP |     |           |     |                                                                                                                                                                  |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                                                                  |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                                                                  |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                                                                  |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00       |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00        |     |           |     |                                                                                                                                                                  |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                           |     |           |     |                                                                                                                                                                  |  |

### Nonpermitted 3.75 Stations

|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                          |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |     |           |     | SYSTEM ID#<br><b>027657</b>               |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |     |           |     |                                           |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                            |     |           |     | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Second Group \$ 0.00       |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Second Group \$ 0.00        |     |           |     |                                                                                                                          |  |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                            |     |           |     | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                   |     |           |     | COMMUNITY/ AREA 0                         |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                           | DSE | CALL SIGN | DSE | CALL SIGN                                 | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                          |  |
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|                                                                                                                                                     |     |           |     |                                           |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                     |     |           |     | Total DSEs 0.00                           |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |     |           |     | Gross Receipts Fourth Group \$ 0.00       |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |     |           |     | Base Rate Fee Fourth Group \$ 0.00        |     |           |     |                                                                                                                          |  |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                           |     |           |     |                                                                                                                          |  |

Nonpermitted 3.75 Stations

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                         |  |     |           |  |                                           | SYSTEM ID#<br><b>027657</b> |  | Name |                                                                                                                                     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |                                           |                             |  |      |                                                                                                                                     |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                          |  |     |           |  | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                         |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                       | CALL SIGN                   |  | DSE  | 9<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|                                                                                                                                                     |  |     |           |  |                                           |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                           |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                           |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                           |                             |  |      |                                                                                                                                     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Second Group \$ 0.00       |                             |  |      |                                                                                                                                     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Second Group \$ 0.00        |                             |  |      |                                                                                                                                     |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                            |  |     |           |  | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP     |                             |  |      |                                                                                                                                     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  | COMMUNITY/ AREA 0                         |                             |  |      |                                                                                                                                     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE                                       | CALL SIGN                   |  | DSE  |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                           |                             |  |      |                                                                                                                                     |
|                                                                                                                                                     |  |     |           |  |                                           |                             |  |      |                                                                                                                                     |
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|                                                                                                                                                     |  |     |           |  |                                           |                             |  |      |                                                                                                                                     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  | Total DSEs 0.00                           |                             |  |      |                                                                                                                                     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  | Gross Receipts Fourth Group \$ 0.00       |                             |  |      |                                                                                                                                     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  | Base Rate Fee Fourth Group \$ 0.00        |                             |  |      |                                                                                                                                     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |                                           | \$                          |  |      |                                                                                                                                     |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b><br/><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br/><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br/><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br/><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | TENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ELEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | TWELVTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | THIRTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | FOURTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | FIFTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | SIXTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                    |
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| Name                                                                                                                                                                                                                                                                                                                                                              | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                    | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                                                                                                                                                                                          | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                   | SEVENTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                    | EIGHTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                    | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                                                                                                                                                                                   | NINEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                    | TWENTYTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                          |
| Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                    |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | TWENTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | TWENTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |
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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b><br/><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br/><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br/><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br/><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | TWENTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | TWENTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | THIRTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | THIRTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                          | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                          | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                          | THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | THIRTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                          | Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$<br><b>THIRTY-FIFTH SUBSCRIBER GROUP</b><br>Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$                                                                                                                                             |  | Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$<br><b>THIRTY-SIXTH SUBSCRIBER GROUP</b><br>Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ |
|                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b><br/><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br/><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br/><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br/><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | THIRTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | FORTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                               |                                                                                                                                                               |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Name                                                                                                                                                                              | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                               | SYSTEM ID#<br><b>027657</b>                                                                                                                                   |   |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                          | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                               |                                                                                                                                                               |   |
|                                                                                                                                                                                   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               |                                                                                                                                                               |   |
|                                                                                                                                                                                   | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                               |                                                                                                                                                               |   |
|                                                                                                                                                                                   | FORTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                               | FORTY-SECOND SUBSCRIBER GROUP                                                                                                                                 |   |
|                                                                                                                                                                                   | Line 1: Enter the VHF DSEs . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               | Line 1: Enter the VHF DSEs . . . . .                                                                                                                          |   |
|                                                                                                                                                                                   | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                       |   |
|                                                                                                                                                                                   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                                                                                             | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . | - |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$                                                                                          |                                                                                                                                                               |   |
| FORTY-THIRD SUBSCRIBER GROUP                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FORTY-FOURTH SUBSCRIBER GROUP                                                                                                                                 |                                                                                                                                                               |   |
| Line 1: Enter the VHF DSEs . . . . .                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . .                                                                                                                          |                                                                                                                                                               |   |
| Line 2: Enter the Exempt DSEs . . . . .                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                       |                                                                                                                                                               |   |
| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . .                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . |                                                                                                                                                               |   |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$                                                                                          |                                                                                                                                                               |   |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                               | \$                                                                                                                                                            |   |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | FORTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | FORTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |
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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | FIFTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | FIFTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                |
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| Name                                                                                                                                                                                            | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                    |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                        | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                 | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b><br/><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br/><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br/><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br/><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |  |                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                 | FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | FIFTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                 | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>First Group . . . . . \$</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Second Group . . . . . \$</div> |
|                                                                                                                                                                                                 | FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | FIFTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                 | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Third Group . . . . . \$</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Fourth Group . . . . . \$</div> |
| <div><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | FIFTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | SIXTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | SIXTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | SIXTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                |
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| Name                                                                                                                                                                                            | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                    |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                        | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                 | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b><br/><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br/><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br/><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br/><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |  |                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                 | SIXTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | SIXTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                 | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>First Group . . . . . \$</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Second Group . . . . . \$</div> |
|                                                                                                                                                                                                 | SIXTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | SIXTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                 | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Third Group . . . . . \$</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Fourth Group . . . . . \$</div> |
| <div><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | SEVENTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | SEVENTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                              |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Name                                                                                                                                                                                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                              | SYSTEM ID#<br><b>027657</b>     |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                             | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                              |                                 |
|                                                                                                                                                                                      | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                              |                                 |
|                                                                                                                                                                                      | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                              |                                 |
|                                                                                                                                                                                      | SEVENTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                              | SEVENTY-FOURTH SUBSCRIBER GROUP |
|                                                                                                                                                                                      | Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . .<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . .<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ |                                 |
|                                                                                                                                                                                      | Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . .<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Line 1: Enter the VHF DSEs . . . . .<br>Line 2: Enter the Exempt DSEs . . . . .<br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . .<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ |                                 |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                              |                                 |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |
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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | SEVENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | SEVENTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | EIGHTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |
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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b><br/><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br/><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br/><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br/><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | EIGHTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | EIGHTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | EIGHTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | EIGHTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | EIGHTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | EIGHTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | EIGHTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | EIGHTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | NINETIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | NINETY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | NINETY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |
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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | NINETY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | NINETY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | NINETY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | NINETY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |
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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | NINETY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | NINETY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | NINETY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | ONE HUNDREDTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |
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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDERED FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | ONE HUNDERED SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDERED THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | ONE HUNDERED FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |
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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | ONE HUNDRED SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | ONE HUNDRED EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                                |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                  | ONE HUNDRED NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | ONE HUNDRED TENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . - <div></div><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . - <div></div><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED ELEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | ONE HUNDRED TWELVTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . - <div></div><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . - <div></div><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                            |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |
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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b><br/><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br/><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br/><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br/><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b><br/><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br/><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br/><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br/><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                |
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| Name                                                                                                                                                                                            | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                    |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                        | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                 | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b><br/><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br/><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br/><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br/><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |  |                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                 | ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                 | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>First Group . . . . . \$</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Second Group . . . . . \$</div> |
|                                                                                                                                                                                                 | ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                 | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Third Group . . . . . \$</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <div>Line 1: Enter the VHF DSEs . . . . .</div> <div>Line 2: Enter the Exempt DSEs . . . . .</div> <div>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -</div> <div><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br/>Fourth Group . . . . . \$</div> |
| <div><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div> <p><b>INSTRUCTIONS:</b><br/><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br/><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br/><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br/><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
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|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
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|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ONE HUNDRED FORTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
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|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

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| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MCC Iowa, LLC (Waterloo, IA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SYSTEM ID#<br><b>027657</b>                                                                                                                                                                                                                                                                                                                                        |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                  | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <div></div> |
|                                                                                                                                                                                                  | ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Line 1: Enter the VHF DSEs . . . . . <div></div><br>Line 2: Enter the Exempt DSEs . . . . . <div></div><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . -<br><br><b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <div></div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                    |