Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2025/1	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)		
Period				

	INSTR	UCTIONS:					
B Owner	Give to corpo In line If there a sing	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full orate title of the subsidiary, not that of the parent corporation. 2. List any other names under which the owner conducts the business of the cable system. The were different owners during the accounting period, only the owner on the last day of the accounting period should submit gle statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 3416 LEGAL NAME OF OWNER OF CABLE SYSTEM:	BARCODE DA Filing Period 3				
	Armstrong Utilities, Inc. 2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):						
		BOOMEOU NAME(O) OF OWNER OF OABLE OF OFFICE (II BILL ERLERY).					
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM:						
		One Armstrong Place					
		(Number, street, rural route, apartment, or suite number)					
		Butler, PA 16001					
		(City, town, state, zip)					
			_				
		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С	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.					
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	'	Zelienople Head End					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	531 Perry Way PO Box 40 (Number, street, rural route, apartment, or suite number)	<mark></mark>				
		Zelienople, PA 16063					
		(City, town, state, zip code)					

	2	531 Perry Way PO Bo	ox 40					
		2 (Number, street, rural route, apartment, or suite number) Zelienople, PA 16063						
	<u> </u>	(City, town, state, zip code)						
					<u>-</u>			
Е		BLO	CK 1 NO. OF	<u> </u>	1			
_		CATEGORY OF SERVICE	SUBSCRIBERS	RATE				
Secondary		dential:						
Transmission		Service to first set	99,620	\$55.45				
Service: Sub-		Service to additional set(s) EM radio (if concrete rate)						
scribers and Rates	Mote	• FM radio (if separate rate)						
		mercial						
	Conv	verter						
		Residential						
		Non-residential						
				BLOCK 1]	
_	-	GORY OF SERVICE	RATE	CATEGORY O		RATE		
F	Cont	inuing Services:	\$21.45	Installation: No				
Services		Pay cablePay cable—add'l channel	\$17.95/14.95		Motel, hotel Commercial		·	
Other Than		• Fire protection			• Pay cable			
Secondary		•Burglar protection			• Pay cable-add'l channel			
Transmissions:	Insta	Ilation: Residential			Fire protection Burglar protection			
rates		First setAdditional set(s)		Other services	Burglar protection		•	
		• FM radio (if separate rate)		23.71000	• Reconnect	20.00		
		• Converter			Disconnect			
					Outlet relocation			
					Move to new address			
			1	l			4	
M Channels	to it	Instructions: 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations						
	or	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services						
N Individual to Be Contacted		DIVIDUAL TO BE CONTACT can contact about this state		INFORMATIO	N IS NEEDED : (Identify an	individual		
for Further Information		Name	Ken Proudfo	ot		Telephone	(724) 283-0925	
mormation		Address	One Armstro	ng Place				
					route, apartment, or suite num	nber)		
			Butler, PA 16 (City,	town, state, zip)				
		Email (optional)	kproudfoot@	agoc.com		Fax (optional)		
O Certifcation	Signa	FIFICATION (This statemen ature Space O – this form wi ture by typing "/s/" followed	ill be submitted wit	h an electronic	: "/s/" signature (e.g., /s/Jol	hn Smith). Do not	egulations.) t forget to enter an electronic	
				Typed or pri	nted name: Jeff Mo	ffett		
				Title:	Chief Financial Offic	er		
				(Title	of official position held in corpo	oration or partnership)	
				(Title	of official position held in corpo August 27, 2025	oration or partnership)	

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

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Subgroup Gross Receipts Total

\$ 34,056,311.28

Subgroup		Subgroup/Community Name	G	ross Receipts
FIRST	1	Greenup, WV	\$	153,963.68
SECOND	2	Sandy Lake, PA	\$	132,081.69
THIRD	3		\$	396,466.31
FOURTH	4	North Clarion, PA	\$	350,697.38
FIFTH	5	Kinsman, OH	\$	60,877.59
SIXTH	6	Andover, OH	\$ \$ \$	78,133.49
SEVENTH	7	Harrisville, WV	\$	217,136.96
EIGHTH	8	Hamlin, WV	\$	486,950.45
NINTH	9	Connellsville, PA	\$	3,637,758.69
TENTH	10	Medina, OH	\$	2,028,038.93
ELEVENTH	11	Orrville, OH	\$	587,334.83
TWELVTH	12	Butler/Zelie, PA	\$ \$	11,367,264.37
THIRTEENTH	13	South Point, OH	\$	1,849,745.01
FOURTEENTH	14	Ashland OH	\$	1,825,068.77
FIFTEENTH	15	Venango & Forest Counties, PA	\$	218,266.50
SIXTEENTH	16	Warren & Crawford Counties, PA	\$	399,157.94
SEVENTEENTH	17	Eastern Mahoning County, OH	\$	3,487,897.26
EIGHTEENTH	18	W. Mahoning & Trumbull County, OH	\$	2,258,423.39
NINTEENTH	19	Butler & Lawrence Counties, PA	\$	557,608.04
TWENTIETH	20	Venango Counties, PA	\$	105,562.93
TWENTY-FIRST	21	North Central Mercer County, PA	\$	100,495.35
TWENTY-SECOND	22	Southern Mercer County, PA	\$	950,627.22
TWENTY-THIRD	23	Crawford & Erie Counties, PA	\$	2,132,493.91
TWENTY-FOURTH	24	Mercer County, PA	\$	36,900.47
TWENTY-FIFTH	25	French Creek Township, PA	\$	10,455.55
TWENTY-SIXTH	26	Venango County, PA	\$	51,392.24
TWENTY-SEVENTH	27	Western Erie & North Central Crawford, PA	\$	489,669.59
TWENTY-EIGHTH	28	Morrow County, OH	\$	85,842.75
TWENTY-NINTH	29			
THIRTIETH	30			
THIRTY-FIRST	31			
THIRTY-SECOND	32			
THIRTY-THIRD	33			
THIRTY-FOURTH	34			
THIRTY-FIFTH	35			
THIRTY-SIXTH	36			
THIRTY-SEVENTH	37			
THIRTY-EIGHTH	38			
THIRTY-NINTH	39			
FORTIETH	40			

	2. B'cast Channel	3. Type of	F		Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
KDKA	25	N	Pittsburgh, PA	0.250	0
KDKA-HD	25.1	N	Pittsburgh, PA	0.250	E
KDKA-DT2	25.2	I-M	Pittsburgh, PA	1.000	Е
WPKD	19	1	Pittsburgh, PA	1.000	
WPKD-HD	19.1	1	Pittsburgh, PA	1.000	
WATM	23	N	Pittsburgh, PA	0.250	
WATM-HD	23.1	N	Pittsburgh, PA	0.250	
WATM-DT3	23.3	I-M	Pittsburgh, PA	1.000	
WATM-DT4	23.4	N	Pittsburgh, PA	0.250	
WBNS	10	N	Columbus, OH	0.250	
WBNS-HD	10.1	N	Columbus, OH	0.250	
WBNS-DT2	10.2	N	Columbus, OH	0.250	
WBNS-DT3	10.3	N	Columbus, OH	0.250	
WBNS-DT4	10.4	N	Columbus, OH	0.250	
WBNX	55	1	Akron, OH	1.000	
WBNX-HD	55.1	1	Akron, OH	1.000	
WBNX-DT2	55.2	I-M	Akron, OH	1.000	
WBNX-DT3	55.3	I-M	Akron, OH	1.000	
WBNX-DT4	55.4	I-M	Akron, OH	1.000	
WBNX-DT5	55.5	I-M	Akron, OH	1.000	
WBOY	12.1	N	Clarksburg, WV	0.250	
WBOY-HD	12.1	N	Clarksburg, WV	0.250	
WBOY-DT2	12.2	N	Clarksburg, WV	0.250	
WBOY-DT2-HD	12.2	N	Clarksburg, WV	0.250	
WBOY-DT3	12.3	I-M	Clarksburg, WV	1.000	
WBOY-DT4	12.4	I-M	Clarksburg, WV	1.000	
WCHS	8.1	N	Charleston, WV	0.250	
WCHS-HD	8.1	N	Charleston, WV	0.250	
WCHS-DT2	8.2	N	Charleston, WV	0.250	
WCHS-DT2-HD	8.2	N	Charleston, WV	0.250	
WCHS-DT3	8.3	I-M	Charleston, WV	1.000	
WCMH	4	N	Columbus, OH	0.250	
WCMH-HD	4.1	N	Columbus, OH	0.250	
WCMH-DT2	4.2	I-M	Columbus, OH	1.000	
WCMH-DT4	4.4	I-M	Columbus, OH	1.000	
WDLI	17	I	Canton, OH	1.000	
WDTV	5	N	Weston, WV	0.250	
WDTV-HD	5.1	N	Weston, WV	0.250	
WDTV-DT3	5.3	I-M	Weston, WV	1.000	
WDTV-DT6	5.6	I-M	Weston, WV	1.000	
WEWS	5	N	Cleveland, OH	0.250	
WEWS-HD	5.1	N	Cleveland, OH	0.250	
WEWS-DT2	5.2	I-M	Cleveland, OH	1.000	
WEWS-DT3	5.3	I-M	Cleveland, OH	1.000	
WEWS-DT4	5.4	I-M	Cleveland, OH	1.000	
WFMJ	20	N	Youngstown, OH	0.250	
WFMJ-HD	20.1	N	Youngstown, OH	0.250	

	2. B'cast	2 Tuna of			Space G
1. Call Sign	Channel Number	3. Type of Station	6. Location of Station	DSE	Basis of Carriage
WFMJ-DT2	20.2		Youngstown, OH	1.000	Curriage
WFMJ-DT2-HD	20.2	ı	Youngstown, OH	1.000	
WFMJ-DT3	20.3	ĺ	Youngstown, OH	1.000	
WFXP	66	1	Erie, PA	1.000	0
WFXP-HD	66.1	1	Erie, PA	1.000	E
WFXP-DT2	66.2	I-M	Erie, PA	1.000	E
WFXP-DT3	66.3	I-M	Erie, PA	1.000	E
WICU	12	N	Erie, PA	0.250	
WICU-HD	12.1	N	Erie, PA	0.250	
WICU-DT2	12.2	I-M	Erie, PA	1.000	
WICU-DT4	12.4	I-M	Erie, PA	1.000	
WINP	38	1	Pittburgh, PA	1.000	
WINP-HD	38.1	1	Pittsburgh, PA	1.000	
WINP-DT2	38.2	I-M	Pittsburgh, PA	1.000	
WJAC	34	N	Johnstown, PA	0.250	
WJAC-HD	34.1	N	Johnstown, PA	0.250	
WJAC-DT2	34.2	I-M	Johnstown, PA	1.000	
WJAC-DT3	34.3	I-M	Johnstown, PA	1.000	
WJAC-DT4	34.4	N	Johnstown, PA	0.250	
WJAC-DT4-HD	34.4	N	Johnstown, PA	0.250	
WJET	24	N	Erie, PA	0.250	0
WJET-HD	24.1	N	Erie, PA	0.250	Ε
WJET-DT2	24.2	I-M	Erie, PA	1.000	Е
WJET-DT3	24.3	I-M	Erie, PA	1.000	Ε
WJET-DT4	24.4	I-M	Erie, PA	1.000	Ε
WJW	8	1	Cleveland, OH	1.000	
WJW-HD	8.1	ı	Cleveland, OH	1.000	
WJW-DT2	8.2	I-M	Cleveland, OH	1.000	
WJW-DT3	8.3	I-M	Cleveland, OH	1.000	
WJW-DT4	8.4	I-M	Cleveland, OH	1.000	
WKAS	26	Ε	Ashland, KY	0.250	
WKAS-DT2-HD	26.2	Ε	Ashland, KY	0.250	
WKAS-KET	26.1	E-M	Ashland, KY	0.250	
WKAS-KET-HD	26.1	Е	Ashland, KY	0.250	
WKAS-KIDS	26.4	E-M	Ashland, KY	0.250	
WKBN	27	N	Youngstown, OH	0.250	
WKBN-HD	27.1	N	Youngstown, OH	0.250	
WKYC	17	N	Cleveland, OH	0.250	
WKYC-HD	17.1	N	Cleveland, OH	0.250	
WKYC-DT2	17.2	I-M	Cleveland, OH	1.000	
WKYC-DT3	17.3	I-M	Cleveland, OH	1.000	
WKYC-DT4	17.4	I-M	Cleveland, OH	1.000	
WLPX	39	I	Charleston, WV	1.000	
WLPX-HD	39.1	I	Charleston, WV	1.000	
WLPX-DT2	39.2	I	Charleston, WV	1.000	
WMFD	12	1	Mansfield, OH	1.000	
WMFD-HD	68.1	I	Mansfield, OH	1.000	

4.0.11.01	2. B'cast Channel	3. Type of		DCF	Space G Basis of
1. Call Sign WNEO	Number 45	Station E	6. Location of Station Alliance OH	DSE	Carriage
WNEO-HD	45 45.1	E	Alliance OH	0.250 0.250	O E
WNEO-HD	45.1 45.2	E	Alliance OH	0.250	E
WNEO-DT2	45.2 45.3	E	Alliance OH	0.250	E
WNPB	45.5 33	E		0.250	E.
WNPB-HD	33.1		Morgtantown, WV Morgtantown, WV	0.250	
WOIO	10	E N	·	0.250	
WOIO-HD	10.1	N	Shaker Heights, OH	0.250	
WOIO-DT2	10.1	I-M	Shaker Heights, OH	1.000	
WOIO-DT3	10.2	I-IVI I-M	Shaker Heights, OH	1.000	
WOSU	34	I-IVI E	Shaker Heights, OH Columbus, OH	0.250	
WOSU-HD	34.1	E	Columbus, OH	0.250	
WOSU-DT2	34.1	E-M	Columbus, OH	0.250	
WOSU-DT3	34.2	E-IVI	Columbus, OH	0.250	
WOSU-DT3	34.3	E-M	Columbus, OH	0.250	
WOWK	13	N E-IVI	Huntington, WV	0.250	
WOWK-HD	13.1	N	Huntington, WV	0.250	
WOWK-DT2	13.1	I-M	Huntington, WV	1.000	
WOWK-DT3	13.2	I-M	Huntington, WV	1.000	
WOWK-DT4	13.4	I-M	Huntington, WV	1.000	
WPCB	50	1-1VI 	Jeanette, PA	1.000	0
WPCB-HD	50.1	i	Jeanette, PA	1.000	E
WPCB-DT2	50.1	I-M	Jeanette, PA	1.000	0
WPGH	53	1-1VI 	Pittsburgh, PA	1.000	U
WPGH-HD	53.1	! !	Pittsburgh, PA	1.000	
WPGH-DT2	53.2	I-M	Pittsburgh, PA	1.000	
WPGH-DT2	53.2	I-M	Pittsburgh, PA	1.000	
WPNT	22	1-1V1 	Pittsburgh, PA	1.000	
WPNT-HD	22.1	i	Pittsburgh, PA	1.000	
WPNT-DT2	22.2	I-M	Pittsburgh, PA	1.000	
WPNT-DT3	22.3	I-M	Pittsburgh, PA	1.000	
WPNT-DT4	22.3	I-M	Pittsburgh, PA	1.000	
WPXI	48	N	Pittsburgh, PA	0.250	
WPXI-HD	48.1	N	Pittsburgh, PA	0.250	
WPXI-DT2	48.2	I-M	Pittsburgh, PA	1.000	
WPXI-DT3	48.3	I-M	Pittsburgh, PA	1.000	
WQCW	17	I-M	Portsmouth, OH	1.000	
WQCW-HD	30.1	I	Portsmouth, OH	1.000	
WQCW-DT2	30.2	I-M	Portsmouth, OH	1.000	
WQCW-DT3	30.3	I-M	Portsmouth, OH	1.000	
WQCW-DT4	30.4	I-M	Portsmouth, OH	1.000	
WQCW-DT5	30.5	I-M	Portsmouth, OH	1.000	
WQED	13	E	Pittburgh, PA	0.250	0
WQED-HD	13.1	E	Pittburgh, PA	0.250	E
WQED-DT2	13.2	E-M	Pittburgh, PA	0.250	E
WQED-DT2	13.3	E-M	Pittburgh, PA	0.250	E
WQED-DT3	13.4	E-M	Pittburgh, PA	0.250	E
425 517	15.7	_ 141		0.230	

	2. B'cast Channel	3. Type of	:		Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
WQED-DT5	13.5	E-M	Pittburgh, PA	0.250	E
WQLN	50	Е	Erie, PA	0.250	0
WQLN-HD	50.1	Е	Erie, PA	0.250	E
WQLN-DT2	50.2	E-M	Erie, PA	0.250	E
WQLN-DT3	50.3	E-M	Erie, PA	0.250	E
WRLM	47	1	Canton, OH	1.000	
WSAZ	3	N	Huntington, WV	0.250	
WSAZ-HD	3.1	N	Huntington, WV	0.250	
WSAZ-DT2	3.2	I-M	Huntington, WV	1.000	
WSAZ-DT4	3.4	I-M	Huntington, WV	1.000	
WSAZ-DT5	3.5	I-M	Huntington, WV	1.000	
WSEE	16	N	Erie, PA	0.250	0
WSEE-HD	35.1	N	Erie, PA	0.250	E
WSEE-DT2	35.2	I-M	Erie, PA	1.000	E
WSEE-DT3	35.3	I-M	Erie, PA	1.000	E
WSYX	6.1	N	Columbus, OH	0.250	_
WSYX-HD	6.1	N	Columbus, OH	0.250	
WSYX-DT2	6.2	I-M	Columbus, OH	1.000	
WSYX-DT3	6.3	N	Columbus, OH	0.250	
WSYX-DT3-HD	6.3	N	Columbus, OH	0.250	
WSYX-DT4	6.4	I-M	Columbus, OH	1.000	
WTAE	51	N	Pittsburgh, PA	0.250	
WTAE-HD	51.1	N	Pittsburgh, PA	0.250	
WTAE-DT2	51.2	I-M	Pittsburgh, PA	1.000	
WTAE-DT3	51.3	I-M	Pittsburgh, PA	1.000	
WTAJ	32	N	Altoona, PA	0.250	
WTAJ-HD	32.1	N	Altoona, PA	0.250	
WTAJ-DT2	32.2	I-M	Altoona, PA	1.000	
WTAJ-DT3	32.3	I-M	Altoona, PA	1.000	
WTAJ-DT4	32.4	I-M	Altoona, PA	1.000	
WTAP	49	N	Parkersburg, WV	0.250	
WTAP-HD	49.1	N	Parkersburg, WV	0.250	
WTSF	44	1	Ashland, KY	1.000	
WTSF-HD	44.1	1	Ashland, KY	1.000	
WTTE-DT1	28.1	I-M	Columbus, OH	1.000	
WTTE-DT2	28.2	I-M	Columbus, OH	1.000	
WUAB	43	1	Lorain, OH	1.000	
WUAB-HD	43.1	1	Lorain, OH	1.000	
WVAH-DT1	11	1	Charleston, WV	1.000	
WVAH-DT2	11.2	I-M	Charleston, WV	1.000	
WVAH-DT3	11.3	I-M	Charleston, WV	1.000	
WVAH-DT4	11.4	I-M	Charleston, WV	1.000	
WVAH-DT5	11.5	I-M	Charleston, WV	1.000	
WVFX	10	1	Clarksburg, WV	1.000	
WVFX-HD	46.1	1	Clarksburg, WV	1.000	
WVFX-DT2	46.2	I-M	Clarksburg, WV	1.000	
WVFX-DT2-HD	46.2	I-M	Clarksburg, WV	1.000	
			-		

	2. B'cast Channel	2 Tuno of	:		Space G Basis of
1. Call Sign	Number	3. Type of Station	6. Location of Station	DSE	Carriage
WVFX-DT3	46.3	I-M	Clarksburg, WV	1.000	
WVIZ	25	Е	Cleveland, OH	0.250	
WVIZ-HD	25.1	Е	Cleveland, OH	0.250	
WVIZ-DT2	25.2	E-M	Cleveland, OH	0.250	
WVIZ-DT3	25.3	E-M	Cleveland, OH	0.250	
WVIZ-DT4	25.4	E-M	Cleveland, OH	0.250	
WVIZ-DT5	25.5	E-M	Cleveland, OH	0.250	
WVPB	34	Ε	Huntington, WV	0.250	
WVPB-HD	34.1	Ε	Huntington, WV	0.250	
WVPB-DT2	34.2	Ε	Huntington, WV	0.250	
WVPX	23	1	Akron, OH	1.000	
WVPX-HD	23.1	1	Akron, OH	1.000	
WWCP	8.1	1	Johnstown, PA	1.000	
WWCP-HD	8.2	1	Johnstown, PA	1.000	
WWCP-DT3	8.3	I-M	Johnstown, PA	1.000	
WWCP-DT4	8.4	I-M	Johnstown, PA	1.000	
WYFX	19	1	Youngstown, OH	1.000	
WYFX-HD	41.2	1	Youngstown, OH	1.000	
WYFX-DT2	19.2	I-M	Youngstown, OH	1.000	
WYFX-DT3	19.3	I-M	Youngstown, OH	1.000	
WYFX-LD3	19.5	I-M	Youngstown, OH	1.000	
WYTV	36	N	Youngstown, OH	0.250	
WYTV-HD	36.1	N	Youngstown, OH	0.250	
WYTV-DT2	36.2	I-M	Youngstown, OH	1.000	
WYTV-HD	36.1	N	Youngstown, OH	0.250	
				#N/A	

	2. B'cast	2 7			Space G
	Channel	3. Type of			Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
				#N/A	

ACCOUNTING PERIOD: 2025/1

FORM SA3E. PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Armstrong Utilities, Inc.	20251
Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of you Account.	

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

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.

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			
	\$			
8/29/2025	ALLOCATION NUMBER			

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING BEDIOD COVEDED BY THIS STATEMENT.					
	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:					
Accounting Period	2025/1					
_	Instructions:					
B Owner	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit					
	a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Armstrong Utilities, Inc.					
	3416620					
				34166	2025/1	
	One Armstrong Place					
	Butler, PA 16001					
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
C	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. IDENTIFICATION OF CABLE SYSTEM: Zelienople Head End MAILING ADDRESS OF CABLE SYSTEM:					
System						
	531 Perry Way PO Box 40 (Number, street, rural route, apartment, or suite number)					
	Zelienople, PA 16063					
	(City, town, state, zip code)					
D	Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b					
Area	with all communities.	communities.				
Served	ed CITY OR TOWN STATE					
First	ADAMS TWP - BUTLER COUNTY	PA				
Community	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#	
Sample	Alda	MD	A		1	
	Alliance	MD MD	B B		3	
	Gering	MD	В		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.

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34166 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **ADAMS TWP - BUTLER COUNTY** PA 12 AL **First ALLEGHENY TWP - BUTLER COUNTY** PA 19 AQ Community **ALLEGHENY TWP - FOREST COUNTY** PA 15 **AO** 9 **ALLENPORT BORO - WASHINGTON COUNTY** PA ΑI **ALTHOM - WARREN COUNTY** PA 16 **AO AMITY TOWNSHIP - ERIE COUNTY** PA 27 **AT** See instructions for 6 **AF** ANDOVER TWP - ASHTABULA COUNTY OH additional information on alphabetization. ANDOVER VILLAGE - ASHTABULA COUNTY OH 6 **AF** ATHALIA BORO - LAWRENCE COUNTY OH 13 **AM** ATHENS TOWNSHIP - CRAWFORD COUNTY PA 23 AS **AUSTINTOWN TWP - MAHONING COUNTY** OH 18 **AP** Add rows as necessary. **BAUGHMAN TWP - WAYNE COUNTY** OH AK 11 17 **BEAVER TWP - MAHONING COUNTY** OH **AP BENNINGTON TOWNSHIP - MORROW COUNTY** OH 28 **AV BERLIN TWP - MAHONING COUNTY** OH 18 **AP** PA 12 AL **BIG BEAVER BORO - BEAVER COUNTY BLOOMING GROVE TWP - RICHLAND COUNTY** OH 12 AN **BLOOMING VALLEY BORO - CRAWFORD COUNTY** PA 14 AS **BOARDMAN TWP - MAHONING COUNTY** OH 23 **AP BOONE COUNTY - LINCOLN COUNTY** WV 17 AΗ **BORO OF BARKEYVILLE - VENANGO COUNTY** PA 8 AQ 20 **BORO OF CALIFORNIA - WASHINGTON COUNTY** PA ΑI **BORO OF CAMBRIDGE SPRINGS - CRAWFORD COUNTY** PA 9 **AT BORO OF ELLWOOD CITY - LAWRENCE COUNTY** 27 PA AL **BOROUGH OF EDINBORO - ERIE COUNTY** PA 12 **AT BOROUGH OF TOWNVILLE - CRAWFORD COUNTY** PA 27 **AT BOROUGH OF VENANGO - CRAWFORD COUNTY** 27 **AT** PA **BOROUGH OF WOODCOCK - CRAWFORD COUNTY** PA 27 AT **BOYD COUNTY - BOYD COUNTY KY** 13 **AM BRADFORDWOODS BORO - ALLEGHENY COUNTY** PA 12 AL **BRADY TWP - BUTLER COUNTY** PA 12 AL **BRADY TWP - BUTLER COUNTY** PA 19 AQ **BRADYS BEND TWP - ARMSTRONG COUNTY** PA 12 AL **BRANCH - LINCOLN COUNTY** WV 8 AΗ **BRIGHTON TWP - LORAIN COUNTY** OH 14 AN **BROKENSTRAW TWP - WARREN COUNTY** PA 16 **AO BROWNHELM TWP - LORAIN COUNTY** OH 14 AN **BRUIN BORO - BUTLER COUNTY** PA AL 12 **BRUNSWICK HILLS TWP - MEDINA COUNTY** OH 10 ΑJ **BUFFALO TWP - BUTLER COUNTY** PA 12 AL **BULLSKIN TWP - FAYETTE COUNTY** PA 9 ΑI **BUTLER CITY - BUTLER COUNTY** PA 12 AL **BUTLER TWP - BUTLER COUNTY** PA 12 AL

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#

34166

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Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: 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).

Number of Subscribers: 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).

Rate: 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.

Block 1: 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. **Note:** 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)."

Block 2: 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.

BLO	OCK 1		Ш	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	П	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:				П				
 Service to first set 	99,620	\$	55.45	Ш				
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel								
Commercial								
Converter								
 Residential 								
 Non-residential 								
		1		1 "				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: 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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: 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 2				
CATEGORY OF SERVICE	RATE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	\$ 21.45	Motel, hotel			
 Pay cable—add'l channel 	\$17.95/14.95	Commercial			
Fire protection		• Pay cable			
•Burglar protection	Burglar protection • Pay cable-add'l chanr				
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	\$ 20.00		
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

FORM SA3E. PAGE 3.	IED OF CARLE SY	CTEM.			SYSTEM ID#	<u>.</u>		
Armstrong Util		STEM:			34166	Namo		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable	In General: 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							
substitute program ba	6.59(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 ubstitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
pasis under specifc FCC rules, regulations, or authorizations: 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. 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								
each multicast stream cast stream as "WETA	ch station's call associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example			
			•		tion for broadcasting over-the-air in may be different from the channel			
	e in each case v	whether the st			ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	ıl educational), c e general instru	or "E-M" (for nonc ctions located in t	ommercial educational multicast).			
•	ave entered "Y	es" in column	4, you must cor	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system			
carried the distant state For the retransmiss	tion on a part-tii sion of a distant	me basis beca t multicast stre	ause of lack of a eam that is not s	activated channel subject to a royalt	capacity. y payment because it is the subject			
the cable system and	a primary trans	mitter or an a	ssociation repre	esenting the prima	stem or an association representing ary transmitter, enter the designa-			
tion "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. Column 6: 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 Note: If you are utilizing				•	h which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AA				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)		_		
WCHS	8.1	N	No		Charleston, WV			
WCHS-DT2	8.2	N	No		Charleston, WV	See instructions for additional information		
WCHS-DT2-HD	8.2	N	No		Charleston, WV	on alphabetization.		
WCHS-DT3 WCHS-HD	8.3 8.1	I-M N	No No		Charleston, WV Charleston, WV			
WKAS	26	E	No		Ashland, KY			
WKAS-DT2-HD	26.2	E	No		Ashland, KY			
WKAS-KET	26.1	E-M	No		Ashland, KY			
WKAS-KET-HD	26.1	E	No		Ashland, KY			
WKAS-KIDS	26.4	E-M	No		Ashland, KY	"		
WLPX	39	I	No		Charleston, WV			
WLPX-DT2								
WLPX-HD	39.1	I	No		Charleston, WV			
WOWK	13	N	No		Huntington, WV			
WOWK-DT2	13.2	I-M	No		Huntington, WV			
WOWK-DT3	13.3	I-M	No		Huntington, WV			
WOWK-DT4	13.4	I-M	No		Huntington, WV			
WOWK-HD	13.1	N	No		Huntington, WV			

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WQCW** 17 I-M No Portsmouth, OH WQCW-DT2 30.2 I-M No Portsmouth, OH WQCW-DT3 30.3 I-M No Portsmouth, OH WQCW-DT4 30.4 I-M No Portsmouth, OH WQCW-HD 30.1 ı No Portsmouth, OH **WSAZ** 3 Ν No Huntington, WV WSAZ-DT2 3.2 I-M **Huntington, WV** No

3.4 WSAZ-DT4 I-M No **Huntington, WV** WSAZ-DT5 3.5 I-M No Huntington, WV **WSAZ-HD** 3.1 N No Huntington, WV **WTSF** 44 ı No Ashland, KY WTSF-HD 44.1 ı No Ashland, KY WVAH-DT1 11 No Charleston, WV WVAH-DT2 11.2 Charleston, WV I-M No WVAH-DT3 11.3 I-M No Charleston, WV Charleston, WV WVAH-DT4 11.4 I-M No

No

No

Charleston, WV

Huntington, WV

WVAH-DT5

WVPB

11.5

34

I-M

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LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
Armstrong Util	ities, Inc.				34166	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and (sis, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	1(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
 basis under specifc FCC rules, regulations, or authorizations: 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. 								
• List the station here,	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located			
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example			
Column 2: Give the its community of licens	se. For exampl	e, WRC is Ch	•		tion for broadcasting over-the-air in a may be different from the channel			
educational station, by	e in each case of the le	whether the setter "N" (for n	etwork), "N-M" (for network multion	ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local ser	e general instru vice area, (i.e. "	ctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-			
cable system carried t	ave entered "Y he distant stati	es" in column on during the	4, you must con accounting perio	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system			
of a written agreemen	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sys	capacity. y payment because it is the subject stem or an association representing iry transmitter, enter the designa-			
tion "E" (exempt). For explanation of these the	simulcasts, als rree categories	o enter "E". If s, see page (v	you carried the) of the general	channel on any o	ther basis, enter "O." For a further ed in the paper SA3 form. The station is licensed by the			
	Canadian statio	ons, if any, giv	e the name of the	ne community with	n which the station is identifed.			
		CHANN	EL LINE-UP	AA				
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			
WVPB-HD	34.1	Е	No	(11 = 12 121111)	Huntington, WV			
WVPB-DT2	34.2	E	No		Huntington, WV			
						1		

						1		
						1		
						1		
						1		
						•		
						-		

WQED

WQED-DT2

WQED-DT3

WQED-DT4

WQED-DT5

13

13.2

13.3

13.4

13.5

Ε

E-M

E-M

E-M

E-M

Yes

Yes

Yes

Yes

Yes

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **KDKA** Pittsburgh, PA 25 Ν No KDKA-HD 25.1 Ν No Pittsburgh, PA **WFMJ** 20 Ν No Youngstown, OH I WFMJ-DT2 20.2 No Youngstown, OH WFMJ-DT2-HD 20.2 ı No Youngstown, OH WFMJ-DT3 20.3 ı No Youngstown, OH WFMJ-HD 20.1 Ν No Youngstown, OH 27 Ν WKBN No Youngstown, OH **WKBN-HD** 27.1 Ν No Youngstown, OH **WNEO** 45 Ε 0 Yes Alliance OH **WPCB 50** 0 ı Yes Jeanette, PA WPCB-DT2 0 50.2 I-M Yes Jeanette, PA **WPCB-HD** 50.1 I Yes Ε Jeanette, PA

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Pittburgh, PA

Pittburgh, PA

Pittburgh, PA

Pittburgh, PA

Pittburgh, PA

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-LID AR

		AB			
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
WQED-HD	13.1	E	Yes	E	Pittburgh, PA
WYFX	19	I	No		Youngstown, OH
WYFX-DT2	19.2	I-M	No		Youngstown, OH
WYFX-DT3	19.3	I-M	No		Youngstown, OH
WYFX-HD	41.2	I	No		Youngstown, OH
WYFX-LD3	19.5	I-M	No		Youngstown, OH
WYTV	36	N	No		Youngstown, OH
WYTV-HD	36.1	N	No		Youngstown, OH
WYTV-DT2	36.2	I-M	No		Youngstown, OH

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant)

				,	
WATM	23	N	No		Pittsburgh, PA
WATM-DT3	23.3	I-M	No		Pittsburgh, PA
WATM-DT4	23.4	N	No		Pittsburgh, PA
WATM-HD	23.1	N	No		Pittsburgh, PA
WJAC	34	N	No		Johnstown, PA
WJAC-DT2	34.2	I-M	No		Johnstown, PA
WJAC-DT3	34.3	I-M	No		Johnstown, PA
WJAC-DT4	34.4	N	No		Johnstown, PA
WJAC-DT4-HD	34.4	N	No		Johnstown, PA
WJAC-HD	34.1	N	No		Johnstown, PA
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-HD	50.1	I	Yes	Е	Jeanette, PA
WQED	13	E	No		Pittburgh, PA
WQED-HD	13.1	E	No		Pittburgh, PA
WTAE	51	N	No		Pittsburgh, PA
WTAJ	32	N	No		Altoona, PA
		T			T

No

No

WTAJ-DT2

WTAJ-DT3

32.2

32.3

I-M

I-M

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

Altoona, PA

Altoona, PA

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) WTAJ-DT4 32.4 I-M No Altoona, PA WTAJ-HD 32.1 N No Altoona, PA **WWCP** 8.1 ı No Johnstown, PA WWCP-DT3 8.3 I-M Johnstown, PA No WWCP-DT4 8.4 I-M No Johnstown, PA WWCP-HD 8.2 ı No Johnstown, PA

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AD	
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
KDKA	25	N	No		Pittsburgh, PA
KDKA-DT2	25.2	I-M	No		Pittsburgh, PA
KDKA-HD	25.1	N	No		Pittsburgh, PA
WINP	38	I	No		Pittburgh, PA
WINP-DT2	38.2	I-M	No		Pittsburgh, PA
WINP-HD	38.1	I	No		Pittsburgh, PA
WPCB	50	I	No		Jeanette, PA
WPCB-DT2	50.2	I-M	No		Jeanette, PA
WPCB-HD	50.1	I	No		Jeanette, PA
WPGH	53	I	No		Pittsburgh, PA
WPGH-DT2	53.2	I-M	No		Pittsburgh, PA
WPGH-DT3	53.3	I-M	No		Pittsburgh, PA
WPGH-HD	53.1	I	No		Pittsburgh, PA
WPNT	22	I	No		Pittsburgh, PA
WPNT-DT2	22.2	I-M	No		Pittsburgh, PA
WPNT-DT3	22.3	I-M	No		Pittsburgh, PA
WPNT-DT4	22.4	I-M	No		Pittsburgh, PA
WPNT-HD	22.1	I	No		Pittsburgh, PA

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		CHANN	EL LINE-UP	AD	
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
WPXI	48	N	No		Pittsburgh, PA
WPXI-DT2	48.2	I-M	No		Pittsburgh, PA
WPXI-DT3	48.3	I-M	No		Pittsburgh, PA
WPXI-HD	48.1	N	No		Pittsburgh, PA
WQED	13	Е	No		Pittburgh, PA
WQED-DT2	13.2	E-M	No		Pittburgh, PA
WQED-DT3	13.3	E-M	No		Pittburgh, PA
WQED-DT4	13.4	E-M	No		Pittburgh, PA
WQED-DT5	13.5	E-M	No		Pittburgh, PA
WQED-HD	13.1	E	No		Pittburgh, PA
WTAE	51	N	No		Pittsburgh, PA
WTAE-DT2	51.2	I-M	No		Pittsburgh, PA
WTAE-HD	51.1	N	No		Pittsburgh, PA

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE

		0117 (1111		, ·-	
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
WFMJ	20	N	No		Youngstown, OH
WFMJ-DT2	20.2	I	No		Youngstown, OH
WFMJ-DT2-HD	20.2	I	No		Youngstown, OH
WFMJ-DT3	20.3	I	No		Youngstown, OH
WFMJ-HD	20.1	N	No		Youngstown, OH
WKBN	27	N	No		Youngstown, OH
WKBN-HD	27.1	N	No		Youngstown, OH
WNEO	45	E	No		Alliance OH
WNEO-DT2	45.2	E	No		Alliance OH
WNEO-DT3	45.3	E	No		Alliance OH
WNEO-HD	45.1	E	No		Alliance OH
WYFX	19	I	No		Youngstown, OH
WYFX-DT2	19.2	I-M	No		Youngstown, OH
WYFX-DT3	19.3	I-M	No		Youngstown, OH
WYFX-HD	41.2	I	No		Youngstown, OH
WYFX-LD3	19.5	I-M	No		Youngstown, OH
WYTV	36	N	No		Youngstown, OH
WYTV-DT2	36.2	I-M	No		Youngstown, OH

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
Armstrong Util	ities, Inc.				34166	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
•	•	•	, -		s and low power television stations) ed only on a part-time basis under	G		
_				•	tain network programs [sections	Primary		
substitute program ba	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. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
	basis under specifc FCC rules, regulations, or authorizations:							
	•		t it in space I (th	ne Special Statem	ent and Program Log)—if the			
basis. For further in	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located			
in the paper SA3 for Column 1: List each		sign. Do not	report originatio	n program service	es such as HBO, ESPN, etc. Identify			
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	ation. For example, report multi-			
cast stream as "WETA WETA-simulcast).	۱-2". Simulcast	streams mus	t be reported in	column 1 (list eac	ch stream separately; for example			
Column 2: Give the			•		tion for broadcasting over-the-air in a may be different from the channel			
on which your cable sy	ystem carried tl	he station.		•	ependent station, or a noncommercial			
	•	,	, .	•	cast), "I" (for independent), "I-M"			
For the meaning of the	ese terms, see	page (v) of th	e general instru	ctions located in t	ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-			
planation of local serv	ice area, see p	age (v) of the	general instruct	tions located in the				
	he distant stati	on during the	accounting perio	od. Indicate by en	tering "LAC" if your cable system			
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					stem or an association representing ry transmitter, enter the designa-			
,			•	•	ther basis, enter "O." For a further			
					ed in the paper SA3 form.			
					y to which the station is licensed by the high which the station is identifed.			
Note: If you are utilizing		, , ,		•				
		CHANN	EL LINE-UP	AE				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				
WYTV-HD	36.1	N	No		Youngstown, OH			
			•••••••					
			•••••••					
						1		

WJW-DT3

WJW-DT4

WJW-HD

WKYC-DT2

WKYC

8.3

8.4

8.1

17

17.2

I-M

I-M

Ν

I-M

No

No

No

No

No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WBNX** 55 No Akron, OH WBNX-DT2 55.2 I-M No Akron, OH WBNX-DT4 55.4 I-M No Akron, OH WBNX-DT5 55.5 I-M No Akron, OH **WBNX-HD** 55.1 ı No Akron, OH WDLI 17 ı No Canton, OH **WEWS** 5 Ν No Cleveland, OH 5.2 WEWS-DT2 I-M No Cleveland, OH WEWS-DT3 5.3 I-M No Cleveland, OH WEWS-DT4 5.4 I-M No Cleveland, OH WEWS-HD N 5.1 No Cleveland, OH **WJW** 8 ı No Cleveland, OH WJW-DT2 8.2 I-M No Cleveland, OH

Cleveland, OH

Cleveland, OH

Cleveland, OH

Cleveland, OH

Cleveland, OH

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		CHANN	AF		
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
WKYC-DT3	17.3	I-M	No		Cleveland, OH
WKYC-DT4	17.4	I-M	No		Cleveland, OH
WKYC-HD	17.1	N	No		Cleveland, OH
WNEO	45	E	No		Alliance OH
WNEO-HD	45.1	Е	No		Alliance OH
WOIO	10	N	No		Shaker Heights, OH
WOIO-DT2	10.2	I-M	No		Shaker Heights, OH
WOIO-DT3	10.3	I-M	No		Shaker Heights, OH
WOIO-HD	10.1	N	No		Shaker Heights, OH
WUAB	43	l	No		Lorain, OH
WUAB-HD	43.1	<u> </u>	No		Lorain, OH
WVIZ	25	Е	No		Cleveland, OH
WVIZ-DT2	25.2	E-M	No		Cleveland, OH
WVIZ-DT3	25.3	E-M	No		Cleveland, OH
WVIZ-DT4	25.4	E-M	No		Cleveland, OH
WVIZ-DT5	25.5	E-M	No		Cleveland, OH
WVIZ-HD	25.1	Е	No		Cleveland, OH
WVPX	23	I	No		Akron, OH

LEGAL NAME OF OWN	IED OE CARLE S	/STEM:			SYSTEM ID#	
Armstrong Util		OTEM.			34166	Namo
PRIMARY TRANSMITT	·					
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	G, identify ever system during t ions in effect o 6.61(e)(2) and (sis, as explaine	y television st he accounting n June 24, 19 (4), or 76.63 (ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrience carriage of certification (4))];	s and low power television stations) ed only on a part-time basis under eain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETAWETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicate for the meaning of the Column 4: If the st planation of local service.	or rules, regular here in space only on a substand also in space of the station o	ations, or auth G—but do listitute basis. ace I, if the state berning substitute sign. Do not ha station ac streams must ber the FCC he, WRC is Chae station. Whether the station whether the station accommercial page (v) of the the local seriage (v) of the	norizations: It it in space I (the ation was carried tute basis station report origination cording to its own to be reported in the assigned to be annel 4 in Wash tation is a network), "N-M" (all educational), or e general instructivice area, (i.e. "or general instruction in the assignment of the action is a network).	ne Special Statemed both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television state hington, D.C. This ork station, an index (for network multicute for "E-M" (for noncotions located in the distant"), enter "Yestions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	Television
cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	he distant station on a part-tision of a distant entered into of a primary trans simulcasts, also ree categories e location of eacanadian statio	on during the me basis becaute multicast street multicast street more and a content "E". If any see page (vach station. Foons, if any, givens	accounting period ause of lack of a eam that is not so une 30, 2009, be ssociation repre- you carried the of the general or U.S. stations, we the name of the	od. Indicate by en- activated channel subject to a royalty etween a cable sys- esenting the prima channel on any o instructions locate list the community	y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. You to which the station is licensed by the months which the station is identifed.	
		CHANN	EL LINE-UP	AF		
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	
WVPX-HD	23.1	I	No		Akron, OH	

WTAP-HD

WVFX-DT2

WVFX-DT3

WVFX-DT2-HD

WVFX

49.1

10

46.2

46.2

46.3

Ν

ı

I-M

I-M

I-M

No

No

No

No

No

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AG 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **WBOY** 12.1 N No Clarksburg, WV WBOY-DT2 12.2 Ν No Clarksburg, WV WBOY-DT2-HD 12.2 Ν No Clarksburg, WV **WBOY-DT3** 12.3 I-M Clarksburg, WV No WBOY-DT4 12.4 I-M No Clarksburg, WV **WBOY-HD** 12.1 Ν No Clarksburg, WV **WDTV** 5 N No Weston, WV WDTV-DT3 5.3 I-M No Weston, WV WDTV-DT6 5.6 I-M No Weston, WV WDTV-HD 5.1 Ν No Weston, WV **WNPB** 33 Ε No Morgtantown, WV WNPB-HD 33.1 Ε No Morgtantown, WV **WTAP** 49 N No Parkersburg, WV

Parkersburg, WV

Clarksburg, WV Clarksburg, WV

Clarksburg, WV

Clarksburg, WV

LEGAL NAME OF OWN	IED OE CARLE S	/STEM:			SYSTEM ID#		
Armstrong Util		OTEM.			34166	Namo	
PRIMARY TRANSMITT	·						
In General: 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. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETAWETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local service Column 5: If you here.	or rules, regular here in space only on a substand also in space of station conditions. The station's call associated with a carried the in each case of entering the least), "E" (for nese terms, see ation is outsided area, see pave entered "Y	ations, or auth G—but do listitute basis. ace I, if the state that cerning substitute sign. Do not ha station act streams must ber the FCC he, WRC is Charles that ion. Whether the station. Whether the station accommercial page (v) of the the local seriage (v) of the tes" in column	ation was carried tute basis station report origination cording to its over the reported in th	ne Special Statemed both on a substitute, see page (v) of a program service for the air designation of the television state in the station, D.C. This ork station, an indext or "E-M" (for noncontions located in the distant"), enter "Yestions located in the mplete column 5,	ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example tion for broadcasting over-the-air in a may be different from the channel espendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex-	Television	
carried the distant state. For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	ion on a part-ti sion of a distan t entered into o a primary trans simulcasts, als aree categories e location of ea Canadian statio	me basis beca t multicast strong n or before Ju mitter or an a o enter "E". If s, see page (vi ach station. Fo ons, if any, giv	ause of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the of the general or U.S. stations, the the name of the	activated channel subject to a royalty etween a cable system of the primal channel on any of instructions located list the community with	capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.		
		CHANN	EL LINE-UP	AG			
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		
WVFX-HD	46.1	I	No		Clarksburg, WV		

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AH 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WCHS** 8.1 N No Charleston, WV WCHS-DT2 8.2 Ν No Charleston, WV WCHS-DT2-HD 8.2 Ν No Charleston, WV WCHS-DT3 8.3 I-M No Charleston, WV WCHS-hd 8.1 Ν No Charleston, WV WKAS 26 Ε No Ashland, KY WKAS-DT2-HD 26.2 Ε No Ashland, KY Ashland, KY WKAS-KET 26.1 E-M No WKAS-KET-HD 26.1 Ε No Ashland, KY WKAS-KIDS 26.4 E-M No Ashland, KY 39 **WLPX** ı No Charleston, WV WLPX-DT2 39.2 ı No Charleston, WV **WLPX-HD** 39.1 I No Charleston, WV

WOWK

WOWK-DT2

WOWK-DT3

WOWK-DT4

WOWK-HD

13

13.2

13.3

13.4

13.1

Ν

I-M

I-M

I-M

Ν

No

No

No

No

No

Huntington, WV

Huntington, WV

Huntington, WV

Huntington, WV

Huntington, WV

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AH 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WQCW** 17 I-M No Portsmouth, OH WQCW-DT2 30.2 I-M No Portsmouth, OH WQCW-DT3 30.3 I-M No Portsmouth, OH WQCW-DT4 30.4 I-M No Portsmouth, OH WQCW-DT5 30.5 I-M No Portsmouth, OH **WQCW-HD** 30.1 ı No Portsmouth, OH **WSAZ** 3 Ν No Huntington, WV WSAZ-DT2 3.2 I-M No **Huntington, WV** WSAZ-DT4 3.4 I-M No Huntington, WV

WSAZ-DT5

WSAZ-HD

WTSF-HD

WVAH-DT1

WVAH-DT2

WVAH-DT3

WVAH-DT4

WVAH-DT5

WTSF

I-M

N

ı

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I-M

I-M

I-M

I-M

3.5

3.1

44

44.1

11

11.2

11.3

11.4

11.5

No

No

No

No

No

No

No

No

No

Huntington, WV

Huntington, WV

Charleston, WV

Charleston, WV

Charleston, WV

Charleston, WV

Charleston, WV

Ashland, KY

Ashland, KY

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AH 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WVPB** 34 Ε No **Huntington, WV WVPB-DT2** 34.2 Ε No Huntington, WV **WVPB-HD** 34.1 Ε No **Huntington, WV**

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP AI								
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			
KDKA	25	N	No		Pittsburgh, PA			
KDKA-DT2	25.2	I-M	No		Pittsburgh, PA			
KDKA-HD	25.1	N	No		Pittsburgh, PA			
WINP	38	I	No		Pittburgh, PA			
WINP-DT2	38.2	I-M	No		Pittsburgh, PA			
WINP-HD	38.1	I	No		Pittsburgh, PA			
WNPB	33	E	No		Morgtantown, WV			
WPCB	50	I	No		Jeanette, PA			
WPCB-DT2	50.2	I-M	No		Jeanette, PA			
WPCB-HD	50.1	I	No		Jeanette, PA			
WPGH	53	l	No		Pittsburgh, PA			
WPGH-DT2	53.2	I-M	No		Pittsburgh, PA			
WPGH-DT3	53.3	I-M	No		Pittsburgh, PA			
WPGH-HD	53.1	I	No		Pittsburgh, PA			
WPKD	19	I	No		Pittsburgh, PA			
WPKD-HD	19.1	l	No		Pittsburgh, PA			
WPNT	22	l	No		Pittsburgh, PA			
WPNT-DT2	22.2	I-M	No		Pittsburgh, PA			

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CHANNEL LINE-UP AI								
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			
WPNT-DT3	22.3	I-M	No		Pittsburgh, PA			
WPNT-DT4	22.4	I-M	No		Pittsburgh, PA			
WPNT-HD	22.1	I	No		Pittsburgh, PA			
WPXI	48	N	No		Pittsburgh, PA			
WPXI-DT2	48.2	I-M	No		Pittsburgh, PA			
WPXI-DT3	48.3	I-M	No		Pittsburgh, PA			
WPXI-HD	48.1	N	No		Pittsburgh, PA			
WQED	13	Е	No		Pittburgh, PA			
WQED-DT2	13.2	E-M	No		Pittburgh, PA			
WQED-DT3	13.3	E-M	No		Pittburgh, PA			
WQED-DT4	13.4	E-M	No		Pittburgh, PA			
WQED-DT5	13.5	E-M	No		Pittburgh, PA			
WQED-HD	13.1	Е	No		Pittburgh, PA			
WTAE	51	N	No		Pittsburgh, PA			
WTAE-DT2	51.2	I-M	No		Pittsburgh, PA			
WTAE-DT3	51.3	I-M	No		Pittsburgh, PA			
WTAE-HD	51.1	N	No		Pittsburgh, PA			

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		CHANN	AJ		
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
WBNX	55	I	No		Akron, OH
WBNX-DT2	55.2	I-M	No		Akron, OH
WBNX-DT3	55.3	I-M	No		Akron, OH
WBNX-DT4	55.4	I-M	No		Akron, OH
WBNX-DT5	55.5	I-M	No		Akron, OH
WBNX-HD	55.1	I	No		Akron, OH
WDLI	17	I	No		Canton, OH
WEWS	5	N	No		Cleveland, OH
WEWS-DT2	5.2	I-M	No		Cleveland, OH
WEWS-DT3	5.3	I-M	No		Cleveland, OH
WEWS-DT4	5.4	I-M	No		Cleveland, OH
WEWS-HD	5.1	N	No		Cleveland, OH
MJM	8	I	No		Cleveland, OH
WJW-DT2	8.2	I-M	No		Cleveland, OH
WJW-DT3	8.3	I-M	No		Cleveland, OH
WJW-DT4	8.4	I-M	No		Cleveland, OH
WJW-HD	8.1	I	No		Cleveland, OH
WKYC	17	N	No		Cleveland, OH

WVIZ-DT3

WVIZ-DT4

WVIZ-DT5

WVIZ-HD

25.3

25.4

25.5

25.1

E-M

E-M

E-M

Ε

No

No

No

No

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) WKYC-DT2 17.2 I-M No Cleveland, OH WKYC-DT3 I-M No 17.3 Cleveland, OH WKYC-DT4 17.4 I-M No Cleveland, OH WKYC-HD 17.1 Ν Cleveland, OH No **WNEO** 45 Ε No Alliance OH WOIO 10 Ν No Shaker Heights, OH **WOIO-DT2** 10.2 I-M Shaker Heights, OH No WOIO-DT3 10.3 I-M Shaker Heights, OH No WOIO-HD 10.1 Ν No Shaker Heights, OH I **WRLM** 47 No Canton, OH **WUAB** 43 ı No Lorain, OH **WUAB-HD** 43.1 ı No Lorain, OH **WVIZ** 25 Ε No Cleveland, OH WVIZ-DT2 25.2 E-M Cleveland, OH No

Cleveland, OH

Cleveland, OH

Cleveland, OH

Cleveland, OH

LEGAL NAME OF O	WNER OF CABLE SY	STEM:			SYSTEM ID#			
Armstrong U	tilities, Inc.				34166	Name		
PRIMARY TRANSMITTERS: TELEVISION								
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			•		tion for broadcasting over-the-air in may be different from the channel			
on which your cable	system carried th	ne station.			ependent station, or a noncommercial			
educational station, (for independent mu For the meaning of Column 4: If the planation of local se	by entering the lead the lead the lead the lead the lead the lead to the lead to the lead the	etter "N" (for n oncommercia page (v) of the the local ser age (v) of the	etwork), "N-M" (al educational), c e general instru vice area, (i.e. "c general instruct	for network multion or "E-M" (for nonce ctions located in the distant"), enter "Y ions located in the	cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form.			
Column 5: If you	ı have entered "Y	es" in column	4, you must cor	mplete column 5,	stating the basis on which your			
carried the distant s	tation on a part-ti	me basis beca	ause of lack of a	activated channel	• •			
					y payment because it is the subject stem or an association representing			
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explanation of these	three categories	, see page (v)	of the general	instructions locate	ther basis, enter "O." For a further ed in the paper SA3 form.			
					y to which the station is licensed by the high which the station is identifed.			
Note: If you are utili				•				
		CHANN	EL LINE-UP	AJ				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
140 (D)/	NUMBER	STATION .		(If Distant)				
WVPX	23	<u> </u>	No		Akron, OH			
WVPX-HD	23.1	l	No		Akron, OH			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WBNX** 55 No Akron, OH WBNX-DT2 55.2 I-M No Akron, OH WBNX-DT3 55.3 I-M No Akron, OH WBNX-DT4 55.4 I-M No Akron, OH WBNX-DT5 55.5 I-M No Akron, OH **WBNX-HD** 55.1 ı No Akron, OH **WDLI** 17 ı No Canton, OH **WEWS** 5 Ν No Cleveland, OH WEWS-DT2 5.2 I-M No Cleveland, OH WEWS-DT3 5.3 I-M No Cleveland, OH WEWS-DT4 5.4 I-M No Cleveland, OH WEWS-HD 5.1 Ν No Cleveland, OH **WJW** 8 No Cleveland, OH WJW-DT2 8.2 Cleveland, OH I-M No

WJW-DT3

WJW-DT4

WJW-HD

WKYC

8.3

8.4

8.1

17

I-M

I-M

ı

Ν

No

No

No

No

Cleveland, OH

Cleveland, OH

Cleveland, OH

Cleveland, OH

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) WKYC-DT2 17.2 I-M No Cleveland, OH WKYC-DT3 I-M No 17.3 Cleveland, OH WKYC-DT4 17.4 I-M No Cleveland, OH WKYC-HD 17.1 Ν Cleveland, OH No **WNEO** 45 Ε No Alliance OH WOIO 10 Ν No Shaker Heights, OH WOIO-DT2 10.2 I-M No Shaker Heights, OH

Shaker Heights, OH

Canton, OH

Cleveland, OH

Akron, OH

I **WUAB** 43 No Lorain, OH **WUAB-HD** 43.1 ı No Lorain, OH WVIZ 25 Ε No Cleveland, OH WVIZ-DT2 25.2 E-M No Cleveland, OH WVIZ-DT3 25.3 E-M Cleveland, OH No WVIZ-DT4 25.4 E-M No Cleveland, OH WVIZ-DT5 25.5 E-M No Cleveland, OH

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U.S. Copyright Office

WOIO-HD

WVIZ-HD

WVPX

WRLM

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
Armstrong Util	ities, Inc.				34166	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
In General: 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. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc F0			•	o darried by your	sable system on a substitute program	Television		
	•		t it in space I (th	ne Special Statem	ent and Program Log)—if the			
basis. For further in	and also in spa formation cond	ace I, if the sta			tute basis and also on some other of the general instructions located			
in the paper SA3 for Column 1: List each		sian. Do not	report originatio	n program service	es such as HBO, ESPN, etc. Identify			
		-			ation. For example, report multi-			
	∖-2". Simulcast	streams mus	t be reported in	column 1 (list eac	ch stream separately; for example			
			•		tion for broadcasting over-the-air in			
on which your cable sy	/stem carried tl	ne station.		•	ependent station, or a noncommercial			
					cast), "I" (for independent), "I-M"			
	, .		,	,	ommercial educational multicast).			
For the meaning of the Column 4: If the st					ne paper SA3 form. es". If not, enter "No". For an ex-			
planation of local serv	ice area, see p	age (v) of the	general instruct	tions located in the	e paper SA3 form.			
					stating the basis on which your tering "LAC" if your cable system			
carried the distant stat		•	• •	•	•			
					y payment because it is the subject			
					stem or an association representing ry transmitter, enter the designa-			
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ther basis, enter "O." For a further			
					ed in the paper SA3 form. y to which the station is licensed by the			
					n which the station is identifed.			
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AK				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				
WVPX-HD	23.1	l	No	(II Distant)	Akron, OH			
						•		

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AL	
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
KDKA	25	N	No		Pittsburgh, PA
KDKA-DT2	25.2	I-M	No		Pittsburgh, PA
KDKA-HD	25.1	N	No		Pittsburgh, PA
WINP	38	I	No		Pittburgh, PA
WINP-DT2	38.2	I-M	No		Pittsburgh, PA
WINP-HD	38.1	I	No		Pittsburgh, PA
WPCB	50	I	No		Jeanette, PA
WPCB-DT2	50.2	I-M	No		Jeanette, PA
WPCB-HD	50.1	I	No		Jeanette, PA
WPGH	53	I	No		Pittsburgh, PA
WPGH-DT2	53.2	I-M	No		Pittsburgh, PA
WPGH-DT3	53.3	I-M	No		Pittsburgh, PA
WPGH-HD	53.1	I	No		Pittsburgh, PA
WPKD	19	I	No		Pittsburgh, PA
WPKD-HD	19.1	l	No		Pittsburgh, PA
WPNT	22	I	No		Pittsburgh, PA
WPNT-DT2	22.2	I-M	No		Pittsburgh, PA
WPNT-DT3	22.3	I-M	No		Pittsburgh, PA

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AL	
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
WPNT-DT4	22.4	I-M	No		Pittsburgh, PA
WPNT-HD	22.1	I	No		Pittsburgh, PA
WPXI	48	N	No		Pittsburgh, PA
WPXI-DT2	48.2	I-M	No		Pittsburgh, PA
WPXI-DT3	48.3	I-M	No		Pittsburgh, PA
WPXI-HD	48.1	N	No		Pittsburgh, PA
WQED	13	Е	No		Pittburgh, PA
WQED-DT2	13.2	E-M	No		Pittburgh, PA
WQED-DT3	13.3	E-M	No		Pittburgh, PA
WQED-DT4	13.4	E-M	No		Pittburgh, PA
WQED-DT5	13.5	E-M	No		Pittburgh, PA
WQED-HD	13.1	Е	No		Pittburgh, PA
WTAE	51	N	No		Pittsburgh, PA
WTAE-DT2	51.2	I-M	No		Pittsburgh, PA
WTAE-DT3	51.3	I-M	No		Pittsburgh, PA
WTAE-HD	51.1	N	No		Pittsburgh, PA

U.S. Copyright Office

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE HD AM

		CHANN	EL LINE-UP	AM	
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
WCHS	8.1	N	No		Charleston, WV
WCHS-DT2	8.2	N	No		Charleston, WV
WCHS-DT2-HD	8.2	N	No		Charleston, WV
WCHS-DT3	8.3	I-M	No		Charleston, WV
WCHS-HD	8.1	N	No		Charleston, WV
WKAS	26	E	No		Ashland, KY
WKAS-DT2-HD	26.2	E	No		Ashland, KY
WKAS-KET	26.1	E-M	No		Ashland, KY
WKAS-KET-HD	26.1	E	No		Ashland, KY
WKAS-KIDS	26.4	E-M	No		Ashland, KY
WLPX	39	I	No		Charleston, WV
WLPX-DT2	39.2	I	No		Charleston, WV
WLPX-HD	39.1	I	No		Charleston, WV
WOWK	13	N	No		Huntington, WV
WOWK-DT2	13.2	I-M	No		Huntington, WV
WOWK-DT3	13.3	I-M	No		Huntington, WV
WOWK-DT4	13.4	I-M	No		Huntington, WV
WOWK-HD	13.1	N	No		Huntington, WV

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WQCW** 17 I-M No Portsmouth, OH WQCW-DT2 30.2 I-M No Portsmouth, OH WQCW-DT3 30.3 I-M No Portsmouth, OH WQCW-DT4 30.4 I-M No Portsmouth, OH WQCW-DT5 30.5 I-M No Portsmouth, OH **WQCW-HD** 30.1 ı No Portsmouth, OH **WSAZ** 3 Ν No Huntington, WV WSAZ-DT2 3.2 I-M No **Huntington, WV** WSAZ-DT4 3.4 I-M No Huntington, WV WSAZ-DT5 I-M No 3.5 Huntington, WV **WSAZ-HD** N 3.1 No **Huntington, WV** WTSF 44 ı No Ashland, KY WTSF-HD 44.1 No Ashland, KY WVAH-DT1 11 Charleston, WV ı No WVAH-DT2 11.2 I-M No Charleston, WV

Charleston, WV

Charleston, WV

Charleston, WV

WVAH-DT3

WVAH-DT4

WVAH-DT5

11.3

11.4

11.5

I-M

I-M

I-M

No

No

No

LEGAL NAME OF OWN	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID										
Armstrong Util	ities, Inc.				34166	Name					
PRIMARY TRANSMITT	ERS: TELEVISION	DN									
In General: 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 part paragraph.											
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Note: If you are utilizing	ng multiple cha	• •	•	•	channel line-up.						
	T	CHANN	EL LINE-UP	AM							
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						
WVPB	34	E	No		Huntington, WV						
WVPB-DT2	34.2	Е	No		Huntington, WV						
WVPB-HD	34.1	E	No		Huntington, WV						

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WBNX** 55 No Akron, OH WBNX-DT2 55.2 I-M No Akron, OH WBNX-DT3 55.3 I-M No Akron, OH WBNX-DT4 55.4 I-M No Akron, OH WBNX-DT5 55.5 I-M No Akron, OH **WBNX-HD** 55.1 ı No Akron, OH **WDLI** 17 ı No Canton, OH **WEWS** 5 Ν No Cleveland, OH WEWS-DT2 5.2 I-M No Cleveland, OH WEWS-DT3 5.3 I-M No Cleveland, OH WEWS-DT4 5.4 I-M No Cleveland, OH WEWS-HD 5.1 Ν No Cleveland, OH **WJW** 8 No Cleveland, OH WJW-DT2 8.2 Cleveland, OH I-M No WJW-DT3 8.3 I-M No Cleveland, OH

WJW-DT4

WJW-HD

WKYC

8.4

8.1

17

I-M

ı

Ν

No

No

No

Cleveland, OH

Cleveland, OH

Cleveland, OH

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP AN										
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					
WKYC-DT2	17.2	I-M	No		Cleveland, OH					
WKYC-DT3	17.3	I-M	No		Cleveland, OH					
WKYC-DT4	17.4	I-M	No		Cleveland, OH					
WKYC-HD	17.1	N	No		Cleveland, OH					
WMFD	12	I	No		Mansfield, OH					
WMFD-HD	68.1	I	No		Mansfield, OH					
WNEO	45	E	No		Alliance OH					
wolo	10	N	No		Shaker Heights, OH					
WOIO-DT2	10.2	I-M	No		Shaker Heights, OH					
WOIO-DT3	10.3	I-M	No		Shaker Heights, OH					
WOIO-HD	10.1	N	No		Shaker Heights, OH					
WRLM	47	I	No		Canton, OH					
WUAB	43	I	No		Lorain, OH					
WUAB-HD	43.1	I	No		Lorain, OH					
WVIZ	25	E	No		Cleveland, OH					
WVIZ-DT2	25.2	E-M	No		Cleveland, OH					
WVIZ-DT3	25.3	E-M	No		Cleveland, OH					
WVIZ-DT4	25.4	E-M	No		Cleveland, OH					

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) WVIZ-DT5 25.5 E-M No Cleveland, OH **WVPX** 23 Akron, OH ı No WVPX-HD 23.1 ı No Akron, OH

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AO	
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
KDKA	25	N	Yes	0	Pittsburgh, PA
KDKA-HD	25.1	N	Yes	Е	Pittsburgh, PA
WFXP	66	I	Yes	0	Erie, PA
WFXP-DT2	66.2	I-M	Yes	E	Erie, PA
WFXP-DT3	66.3	I-M	Yes	E	Erie, PA
WFXP-HD	66.1	I	Yes	E	Erie, PA
WICU	12	N	No		Erie, PA
WICU-DT2	12.2	I-M	No		Erie, PA
WICU-DT4	12.4	I-M	No		Erie, PA
WICU-HD	12.1	N	No		Erie, PA
WJET	24	N	No		Erie, PA
WJET-DT2	24.2	I-M	No		Erie, PA
WJET-DT3	24.3	I-M	No		Erie, PA
WJET-DT4	24.4	I-M	No		Erie, PA
WJET-HD	24.1	N	No		Erie, PA
WQLN	50	Е	No		Erie, PA
WQLN-HD	50.1	Е	No		Erie, PA
WSEE	16	N	No		Erie, PA

LEGAL NAME OF OWN	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
	gal NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# rmstrong Utilities, Inc. 34166									
PRIMARY TRANSMITT	·	ON .								
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	General: 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 (6.59(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 primary cubstitute program basis, as explained in the next paragraph.									
basis under specifc F(Do not list the station	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-WETA-simulcast).	station was carried only on a substitute basis. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example									
its community of licens on which your cable sy	se. For exampl estem carried tl	e, WRC is Ch ne station.	annel 4 in Wasł	nington, D.C. This	tion for broadcasting over-the-air in s may be different from the channel ependent station, or a noncommercial					
educational station, by (for independent multiple for the meaning of the Column 4: If the state planation of local serving Column 5: If you have cable system carried the carried the distant state for the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	rentering the lecast), "E" (for nese terms, see ation is outside ice area, see pave entered "Yhe distant staticion on a part-tision of a distant entered into oa primary transsimulcasts, also ree categories e location of eacanadian static	etter "N" (for no concommercial page (v) of the ethe local servage (v) of the es" in column on during the eme basis becat multicast strong or before Jumitter or an action of enter "E". If the spage (v) ach station. For ens, if any, givennel line-ups,	etwork), "N-M" (al educational), of e general instructional, and general instructional (i.e. "of the general instructional (i.e. "of the general instructional (i.e. "of the general of the general of U.S. stations, we the name of the	for network multi- or "E-M" (for none ctions located in the distant"), enter "Y cions located in the mplete column 5, and. Indicate by enterior of the activated channel subject to a royalt etween a cable sy esenting the primal channel on any of instructions located list the community space G for each	cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the th which the station is identifed.					
	1	CHANN	EL LINE-UP	I						
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					
WSEE-DT2	35.2	I-M	No		Erie, PA					
WSEE-DT3	35.3	I-M	No		Erie, PA					
WSEE-HD	35.1	N	No		Erie, PA					

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AP	
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
WFMJ	20	N	No		Youngstown, OH
WFMJ-DT2	20.2	I	No		Youngstown, OH
WFMJ-DT2-HD	20.2	I	No		Youngstown, OH
WFMJ-DT3	20.3	I	No		Youngstown, OH
WFMJ-HD	20.1	N	No		Youngstown, OH
WKBN	27	N	No		Youngstown, OH
WKBN-HD	27.1	N	No		Youngstown, OH
WNEO	45	E	No		Alliance OH
WNEO-DT2	45.2	E	No		Alliance OH
WNEO-DT3	45.3	E	No		Alliance OH
WNEO-HD	45.1	E	No		Alliance OH
WQED	13	E	No		Pittburgh, PA
WVFX	10	I	No		Clarksburg, WV
WYFX-DT2	19.2	I-M	No		Youngstown, OH
WYFX-DT3	19.3	I-M	No		Youngstown, OH
WYFX-HD	41.2	I	No		Youngstown, OH
WYFX-LD3	19.5	I-M	No		Youngstown, OH
WYTV	36	N	No		Youngstown, OH

LEGAL NAME OF OWN	IER OF CABLE SY	SYSTEM ID#									
	EGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc.										
PRIMARY TRANSMITT	RIMARY TRANSMITTERS: TELEVISION										
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	system during t tions in effect o 3.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (led in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie he carriage of cert 31(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television					
basis under specifc FCC rules, regulations, or authorizations: • 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. • 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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											
FCC. For Mexican or 0 Note: If you are utilizing		nnel line-ups,		space G for each	n which the station is identifed. channel line-up.						
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						
WYTV-DT2	36.2	I-M	No		Youngstown, OH						
WYTV-HD	36.1	N	No		Youngstown, OH						

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) Pittsburgh, PA **KDKA** 25 N No KDKA-DT2 25.2 I-M No Pittsburgh, PA KDKA-HD 25.1 Ν No Pittsburgh, PA WINP 38 ı No Pittburgh, PA WINP-DT2 38.2 I-M No Pittsburgh, PA **WINP-HD** 38.1 ı No Pittsburgh, PA **WNEO** 45 Ε 0 Yes Alliance OH **WPCB 50** ı No Jeanette, PA

U.S. Copyright Office

WPCB-DT2

WPCB-HD

WPGH-DT2

WPGH-DT3

WPGH-HD

WPKD-HD

WPNT-DT2

WPKD

WPNT

WPGH

50.2

50.1

53

53.2

53.3

53.1

19

19.1

22

22.2

I-M

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I-M

I-M

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I

I

I-M

No

Jeanette, PA

Jeanette, PA

Pittsburgh, PA

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AQ	
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
WPNT-DT3	22.3	I-M	No		Pittsburgh, PA
WPNT-DT4	22.4	I-M	No		Pittsburgh, PA
WPNT-HD	22.1	I	No		Pittsburgh, PA
WPXI	48	N	No		Pittsburgh, PA
WPXI-DT2	48.2	I-M	No		Pittsburgh, PA
WPXI-DT3	48.3	I-M	No		Pittsburgh, PA
WPXI-HD	48.1	N	No		Pittsburgh, PA
WQED	13	E	No		Pittburgh, PA
WQED-DT2	13.2	E-M	No		Pittburgh, PA
WQED-DT3	13.3	E-M	No		Pittburgh, PA
WQED-DT4	13.4	E-M	No		Pittburgh, PA
WQED-DT5	13.5	E-M	No		Pittburgh, PA
WQED-HD	13.1	E	No		Pittburgh, PA
WTAE	51	N	No		Pittsburgh, PA
WTAE-DT2	51.2	I-M	No		Pittsburgh, PA
WTAE-DT3	51.3	I-M	No		Pittsburgh, PA
WTAE-HD	51.1	N	No		Pittsburgh, PA
WQED-DT5 WQED-HD WTAE WTAE-DT2 WTAE-DT3	13.5 13.1 51 51.2 51.3	E-M E N I-M	No No No No		Pittburgh, PA Pittburgh, PA Pittsburgh, PA Pittsburgh, PA Pittsburgh, PA Pittsburgh, PA

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	AR		
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
KDKA	25	N	No	, ,	Pittsburgh, PA
KDKA-HD	25.1	N	No		Pittsburgh, PA
WFMJ	20	N	No		Youngstown, OH
WFMJ-DT2	20.2	I	No		Youngstown, OH
WFMJ-DT2-HD	20.2	I	No		Youngstown, OH
WFMJ-DT3	20.3	I	No		Youngstown, OH
WFMJ-HD	20.1	N	No		Youngstown, OH
WKBN	27	N	No		Youngstown, OH
WKBN-HD	27.1	N	No		Youngstown, OH
WNEO	45	E	Yes	0	Alliance OH
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	0	Jeanette, PA
WPCB-HD	50.1	I	Yes	E	Jeanette, PA
WQED	13	E	Yes	0	Pittburgh, PA
WQED-DT2	13.2	E-M	Yes	E	Pittburgh, PA
WQED-DT3	13.3	E-M	Yes	E	Pittburgh, PA
WQED-DT4	13.4	E-M	Yes	E	Pittburgh, PA
WQED-DT5	13.5	E-M	Yes	E	Pittburgh, PA

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AR 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **WQED-HD** Ε Ε 13.1 Pittburgh, PA Yes **WYFX** 19 ı No Youngstown, OH WYFX-DT2 19.2 I-M No Youngstown, OH WYFX-DT3 19.3 I-M No Youngstown, OH **WYFX-HD** 41.2 ı No Youngstown, OH WYFX-LD3 19.5 I-M No Youngstown, OH **WYTV** 36 Ν No Youngstown, OH WYTV-DT2 36.2 I-M Youngstown, OH No WYTV-HD 36.1 Ν No Youngstown, OH

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	AS		
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
KDKA	25	N	Yes	0	Pittsburgh, PA
KDKA-HD	25.1	N	Yes	E	Pittsburgh, PA
WFXP	66	I	Yes	0	Erie, PA
WFXP-DT2	66.2	I-M	Yes	E	Erie, PA
WFXP-DT3	66.3	I-M	Yes	E	Erie, PA
WFXP-HD	66.1	I	Yes	E	Erie, PA
WICU	12	N	Yes	0	Erie, PA
WICU-DT2	12.2	I-M	Yes	0	Erie, PA
WICU-DT4	12.4	I-M	Yes	0	Erie, PA
WICU-HD	12.1	N	Yes	0	Erie, PA
WJET	24	N	Yes	0	Erie, PA
WJET-DT2	24.2	I-M	Yes	E	Erie, PA
WJET-DT3	24.3	I-M	Yes	E	Erie, PA
WJET-DT4	24.4	I-M	Yes	E	Erie, PA
WJET-HD	24.1	N	Yes	E	Erie, PA
WQLN	50	Е	Yes	0	Erie, PA
WQLN-DT2	50.2	E-M	Yes	E	Erie, PA
WQLN-DT3	50.3	E-M	Yes	Е	Erie, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WSEE** 16 N 0 Erie, PA Yes WSEE-DT2 35.2 I-M Ε Erie, PA Yes Ε WSEE-DT3 35.3 I-M Yes Erie, PA WSEE-HD 35.1 Ν Ε Yes Erie, PA

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **KDKA** 25 N Pittsburgh, PA KDKA-HD 25.1 N Pittsburgh, PA **WFXP** 66 ı Erie, PA WFXP-DT2 66.2 I-M Erie, PA WFXP-DT3 66.3 I-M Erie, PA WFXP-HD 66.1 ı Erie, PA **WICU** 12 Ν Erie, PA WICU-DT2 12.2 Erie, PA I-M WICU-DT4 12.4 I-M Erie, PA **WICU-HD** 12.1 Ν Erie, PA Ν WJET 24 Erie, PA WJET-DT2 24.2 I-M Erie, PA WJET-DT3 24.3 I-M Erie, PA WJET-DT4 24.4 I-M Erie, PA WJET-HD 24.1 N Erie, PA

Erie, PA

Erie, PA

Erie, PA

WQLN

WQLN-DT2

WQLN-DT3

Ε

E-M

E-M

50

50.2

50.3

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WSEE** 16 N Erie, PA WSEE-HD 35.1 Ν Erie, PA WSEE-DT2 35.2 I-M Erie, PA WSEE-DT3 35.3 I-M Erie, PA

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. 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. Column 6: 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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WBNS** 10 Ν Columbus, OH WBNS-HD 10.1 N Columbus, OH WBNS-DT2 10.2 Ν Columbus, OH WBNS-DT3 10.3 Ν Columbus, OH **WCMH** 4 N Columbus, OH WCMH-HD 4.1 Ν Columbus, OH WCMH-DT2 4.2 I-M Columbus, OH I-M WCMH-DT4 4.4 Columbus, OH WOSU 34 Ε Columbus, OH **WOSU-HD** Ε 34.1 Columbus, OH **WOSU-DT2** 34.2 E-M Columbus, OH **WOSU-DT3** 34.3 E-M Columbus, OH WOSU-DT4 34.4 E-M Columbus, OH WSYX 6.1 Ν Columbus, OH WSYX-HD 6.1 Ν Columbus, OH

Columbus, OH

Columbus, OH

Columbus, OH

WSYX-DT2

WSYX-DT3

WSYX-DT3-HD

6.2

6.3

6.3

I-M

Ν

Ν

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
Armstrong Utili	ities, Inc.				34166	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during to lons in effect of 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (led in the next	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrience carriage of cert (a)(2) and (4))];	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • 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. • 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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), "I" (for independent) and the paper SA3 form. Column 4: 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. Column 5: 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 sta						
		CHANN	EL LINE-UP	AV		
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	
WSYX-DT4	6.4	I-M			Columbus, OH	
WTTE-DT3	28.2 #N/A	I-M #N/A			Columbus, OH #N/A	

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. **Column 1:** Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). LOCATION OF STATION CALL SIGN AM or FM S/D CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2025/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166							
SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm form.	tify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former F0	a distant stati CC rules, regu	ulations, or authorization	s. For a further	 Substitute
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
s	 UBSTITUT	E PROGRAM	1		EN SUBSTITUTE	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO — —	DELETION	

ACCOUNTING PERIOD: 2025/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Armstrong Utilities, Inc. 34166 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give · State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** DATE **FROM** TO TO

	L NAME OF OWNER OF CABLE SYSTEM: Instrong Utilities, Inc.			SYS	TEM ID# 34166	Name		
Inst all a (as pag	CONTAINT: You must complete a statement in appear in a green receipts.	ndary tra	nsmissi his amo	on service unt, see 34,056,3		K Gross Receipts		
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount	of gross receipts))			
InstruConIf your feeIf you accompany	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. 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. 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. 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							
bloc	k 3 below.							
If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low.	ntered o	n line 2	in block				
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoulblock 4 below.	ld be en	tered or	line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		l percen	t of the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	34,056,3	11.28			
	Enter the result here. This is your minimum fee.	\$		362,3	59.15			
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and one of the color of the color	n 4, you d?	must ch	ieck				
Block 3	Line 1. BASE RATE FEE: 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		\$	33,3	22.58			
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero				0.00			
	Line 3. Add lines 1 and 2 and enter here	\$		33,3	22.58			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,		\$	362,3	59.15			
	whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: 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				0.00	Cable systems submitting additional		
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)				0.00	deposits under Section 111(d)(7) should contact the Licensing		
	Line 4. FILING FEE		\$	7	25.00	additional fees. Division for the		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		363,0	84.15	appropriate form for submitting the additional fees.		
	EFT Trace # or TRANSACTION ID #]			additional 1663.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta							

ACCOUNTING PERIOD: 2025/1
FORM SA3E. PAGE 8.

Name		STEM ID#								
	Armstrong Utilities, Inc.	34166								
M Channels	CHANNELS Instructions: 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.									
	1. Enter the total number of channels on which the cable									
	system carried television broadcast stations									
	2. Enter the total number of activated channels									
	on which the cable system carried television broadcast stations and nonbroadcast services									
	and nonbreaded convices									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	ner Name Ken Proudfoot Telephone (724) 283-0925									
	Address One Armstrong Place (Number, street, rural route, apartment, or suite number)									
	Butler, PA 16001 (City, town, state, zip)									
	Email kproudfoot@agoc.com Fax (optional)									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
0	The statement of account must be certified and signed in accordance with copyright office regulations.)									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(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									
	(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.									
	• 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. [18 U.S.C., Section 1001(1986)]									
	/s/Jeff Moffett									
	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.	•								
	Typed or printed name: Jeff Moffett									
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)									
	Date: August 27, 2025									

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 suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	
Armstrong Utilities, Inc. 3416	6 Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Special Statement Concerning Gross Receipts Exclusion
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? X NO YES. Enter the total here and list the satellite carrier(s) below\$	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 suffciency of the fling, 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 fling 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 767.63 (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, 198I, 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.

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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.

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

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.

Santa Rosa	Stations A and C 35 mile zone
\ aı	Bodega Bay ons B, D, and E le zone

	Distant Stations Carried	1	Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
ı	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6 384 00

		\$6,384.00				
First Subscriber Group	•	Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(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	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

Total Base Rate Fee: \$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)

ACCOUNTING PERIOD: 2025/1

DSE SCHEDULE, PAGE 11. (CONTINUED)

	1					<u> </u>						
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#						
	Armstrong Utilities, Inc.					34166						
	SUM OF DSEs OF CATEGOR		NS:									
	Add the DSEs of each station		2.75									
	Enter the sum here and in line	 	3.75									
2	Instructions:	Signa 22 - Light the gray	Il ainma af all diatant atations	identified by t	ha lattar "O" in actumen E							
4	In the column headed "Call S	sign": list the ca	ill signs of all distant stations	s identified by t	ne letter 'O' in column 5							
Computation	In the column headed "DSE"	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
of DSEs for	mercial educational station, giv											
Category "O"			CATEGORY "O" STATION		_							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WPCB	1.000										
	WQED	0.250										
	KDKA	0.250										
	WFXP	1.000										
Add rows as	WNEO	0.250										
necessary.	WICU	0.250										
Remember to copy	WJET	0.250										
all formula into new	WQLN	0.250										
rows.	WSEE	0.250										
)									
						······						

	 	=	 	
1				

Name	LEGAL NAME OF (OWNER OF CAR	BLE SYSTEM:							S	YSTEM ID#
Name	Armstrong L	Jtilities, Inc	C.								34166
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call signs: For each some second with the carrier of the ca	gn of all distantation, give the with the inforstation, give the figure in columbe third deciral dependent so the figure in columbe figure	he number of mation given he total numburn 2 by the mal point. This station, give the lumn 4 by the	hours y in space per of ho figure in s is the ' the "type e figure i	rour cable syste e J. Calculate of urs that the state column 3, and fassis of carriage-value" as "1.0."	nly one DSE for ion broadcast ogive the result in evalue" for the For each netwood	ation during each state ver the aire decimals station. The or nor the column in column	ng the accounting	nting period. s figure must ational station, ess than the	
Capacity	SAS IOIIII.			NATECOD'	V I A C	CTATIONS:	COMPLITAT				
	1. CALL SIGN		2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	3. NL OF ST	JMBER HOURS ATION AIR	4. BASIS C CARRIA VALUE	F	5. TYPE VALUE	6. DS	E
				÷			=		x	=	
				÷			=		X	=	
				÷			=		x	=	
				÷			=		×	=	
				÷			=		x	=	
				÷ ÷			= <u> </u>		X	=	
	SUM OF DSEs Add the DSEs Enter the su	of each stati	on.		chedule	,			0.00		
Computation of DSEs for Substitute-Basis Stations	 Was carried tions in effections in effections in effections. Broadcast of space I). Column 2: at your option. Column 3: Column 4: 	d by your systect on Octobe one or more For each sta This figure s Enter the nu Divide the fig	stem in subster 19, 1976 (allower, nonnetwood tion give the should correstment of days gure in colum	itution for a p as shown by ork programs number of liv spond with the in the calend nn 2 by the fig	rogram the lette during the ye, nonn e inform dar year jure in c	that your system or "P" in column hat optional carr etwork program ation in space I : 365, except in olumn 3, and gi	7 of space I); ar iage (as shown bus carried in subus a leap year. we the result in c	to delete and y the word stitution for column 4.) if that station: under FCC rules I "Yes" in column 2 or programs that v Round to no less ral instructions in	of vere deleted than the third	m).
			SU	BSTITUTE	E-BASI	S STATION	S: COMPUT	ATION	OF DSEs		
	1. CALL 2. NUMB SIGN OF PROGR			3. NUME OF DA IN YEA	YS	4. DSE	1. CALL SIGN		NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷		=				÷		=
			÷		=				÷		=
			÷		=				÷		=
			÷		=			<mark></mark>	÷		=
	SUM OF DSEs Add the DSEs Enter the su	of each stati	on.		S :				0.00		_
5	TOTAL NUMBE				e boxes	in parts 2, 3, and	I 4 of this schedu	le and add	d them to provide t	he total	
Total Number	1. Number o	f DSEs from	part 2 ●					>		3.75	
of DSEs											
	3. Number o	f DSEs from	part 4 ●					>		0.00	
									ſ		$\neg \neg 1$
	TOTAL NUMBE	R OF DSEs							<u> </u>		3.75

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2025/1

LEGAL NAME OF C Armstrong Uti	YSTEM ID# 34166	Namo							
Instructions: Bloc	ck A must be com	pleted.							
In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the									6
schedule.									
If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS									Computation o
•	•	utside of all	major and sma	ller markets as def	fined under se	ction 76.5 of F	CC rules and reg	ulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—I	DO NOT COM	PLETE THE REMA	AINDER OF P	ART 6 AND 7	,		
	· ·lete blocks B and								
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN 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.)									
Column 2: 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.) 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)] 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) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 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)] M Retransmission of a distant multicast stream.									
Column 3:		e stations ide determine th	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	T	
SIGN	BASIS	3. DSE	SIGN	BASIS	3. DSE	SIGN	BASIS	3. DSE	
WPCB	Α	1.00	WJET	D	0.25				
WQED	C		WQLN	C	0.25				
KDKA WFXP	D D	0.25 1.00	WSEE	D	0.25				
WNEO	C	0.25							
WICU	D	0.25							
				<u> </u>					
								3.75	
		Е	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				-
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
ne 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove			np.		
				er of DSEs subject t 7 of this schedu		rate.			
Line 4: Enter gross receipts from space K (page 7) x 0.0375							375	Do any of the DSEs represer	
ne 5: Multiply li	ine 4 by 0.0375	and enter s	um here						partially permited/ partially nonpermitted
ine 6: Enter tota	al number of DS	Es from line	e 3				X		carriage? If yes, see par 9 instructions
	ine 6 by line 5 ar		0.00						

Name	Armstrong Utilities, Inc.								34166				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed 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.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the basis of carriage on which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) 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)). 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)). 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. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. 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.												
	1 CALL	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED											
	SIGN	DSE		ERIOD		CARRIAGE		DSE	0. F	DSE			
					••••••								
					••••••								
Computation of the Syndicated Exclusivity Surcharge	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET • 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?												
	X Yes—Complete	X Yes—Complete blocks B and C . No—Proceed to part 8											
	BLOCK B: Ca	itation of Exempt DSEs											
	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? Was any station listed in block B of part 7 carried in any comment in part, station listed in block B of part 7 carried in any comment in part, served by the cable system prior to March 31, 1972? (reference to former FCC rule 76.159)									refer (refer			
	X No—Enter zero a				Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.								
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE			
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 3416	Namo
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	<u>7</u>
Section 2	A. Enter the total DSEs from block B of part 7	
	B. Enter the total number of exempt DSEs from block C of part 7	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? X Yes—Complete section 3 below. No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	 Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	_
	C. Subtract 1.000 from total permitted DSEs (the figure on	
	line C 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 surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure 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. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	7
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	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. 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.Subtract 1.000 from total permitted DSEs (the fgure on line C 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 surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

ACCOUNTING PERIOD: 2025/1

DSE SCHEDULE. PAGE 16.

Name		ME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 3416	
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the Syndicated Exclusivity		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Surcharge		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. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u> </u>
8 Computation of Base Rate Fee	You me 6 was In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. uck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
		our cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1		
	Section	Enter the amount of gross receipts from space K (page 7)	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. 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 (the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (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	ן ק
		and in block 3, line 1, space L (page 7) Base Rate Fee	<u> </u>

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DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2025/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc.	SYSTEM ID# 34166	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here ▶		Dase Rate ree
D. Enter 0.00330 of gross receipts (the amount in section 1)		
E. Subtract 4.000 from total DSEs (the figure 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 base rate fee.		
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broshall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple system.	_	9
ups in Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate	e fee, to exclude	
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To tathis exclusion, you must:		Computation of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Detern DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system	mine the number of ee for each group.	and Syndicated Exclusivity Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exemple must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A However, if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant carried to that community.	it station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are dissubscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	ote that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of you subscriber groups.	r system's	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant subscribers in the group. 	to all of the	
 If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave and 4 of this schedule; or, 	ve it in parts 2, 3,	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i part 6 of this schedule.	it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gen in the paper SA3 form.	eral instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule or page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not your actual calculations on the form.	p (that is, the total	

ACCOUNTING PERIOD: 2025/1

DSE SCHEDULE. PAGE 18.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	Armstrong Utilities, Inc.	34166
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: 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.	
	Step 2: 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.	
	Step 3: 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.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Stan 1: Use part 0. Block A of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	Step 1: 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 Rat	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	E
	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.	
	transmitter of an association representing the primary transmitter.	

Armstrong Utilities, Inc. SYSTEM ID# 34166								Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	Greenu	p, WV		COMMUNITY/ AREA	A Sandy L	ake, PA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WPCB	1.00			Base Rate Fee
	-			WQED	0.25			and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations

Total DSEs			0.00	Total DSEs			1.25	
Gross Receipts First G	roup	\$ 153	963.68	Gross Receipts Seco	ond Group	\$ 133	2,081.69	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	1,636.82	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	Somers	et, PA		COMMUNITY/ AREA	North C	arion, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WPCB	1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	1.00							

Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 396	466.31	Gross Receipts Four	th Group	\$ 350	0,697.38	
Base Rate Fee Third G	Group	\$ 4	218.40	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	e fees for each subsc	iber aroun	as shown in the boxes	above.			
Enter here and in block			3			\$ 33	3,322.58	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166								
Bl				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU	JP			SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	Kinsma	ın, OH		COMMUNITY/ AREA	Andove	r, OH		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
			<u> </u>					Distant
								Stations
		-						
		-						
			<u>_</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 60	,877.59	Gross Receipts Seco	ond Group	\$	78,133.49	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
5	SEVENTH	SUBSCRIBER GRO	JP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Harrisv	ille, WV		COMMUNITY/ AREA	Hamlin,	WV		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
T	<u> </u>		2.22			11	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 217	,136.96	Gross Receipts Four	th Group	\$ 48	36,950.45	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166									
В		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	IP		
COMMUNITY/ AREA	Connel	Isville, PA		COMMUNITY/ AREA	Medina,	OH		9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
***************************************								Base Rate Fee and	
								Syndicated	
								Exclusivity Surcharge	
								for	
								Partially Distant	
		-						Stations	
***************************************				***************************************					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$ 3,637	7,758.69	Gross Receipts Seco	ond Group	\$ 2,02	28,038.93		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
		SUBSCRIBER GRO	UP						
COMMUNITY/ AREA	Orrville	e, OH		COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	1		0.00	Total DSEs			0.00		
Gross Receipts Third C	Group	\$ 587	7,334.83	Gross Receipts Four	th Group	\$ 11,36	67,264.37		
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. SYSTEM ID# 34166								
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	South F	Point, OH		COMMUNITY/ AREA	Ashland	ОН		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
						_		Syndicated
								Exclusivity Surcharge
								for
***************************************				***************************************				Partially Distant
								Stations
***************************************				***************************************				
						-		

Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 1,849	745.01	Gross Receipts Seco	ond Group	\$ 1,82	25,068.77	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GROL	JP		SIXTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Venang	o & Forest Coun	ties, PA	COMMUNITY/ AREA	Warren	& Crawford Coun	ties, PA	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WFXP	1.00			KDKA	0.25			

Total DSEs			1.00	Total DSEs			0.25	
Gross Receipts Third (Group	\$ 218,	266.50	Gross Receipts Four	th Group	\$ 39	9,157.94	
Base Rate Fee Third (Group	\$ 2	,322.36	Base Rate Fee Four	th Group	\$	1,061.76	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166									
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP			
SEVE	NTEENTH	SUBSCRIBER GRO	UP	E	EIGHTEENTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA	Easter	n Mahoning Cou	nty, OH	COMMUNITY/ ARE	A W. Maho	oning & Trumbull	County, C	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
				WQED	0.25			Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.25		
Gross Receipts First G	Group	\$ 3,487	7,897.26	Gross Receipts Sec	cond Group	\$ 2,2	58,423.39		
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	cond Group	\$	6,007.41		
NI	NTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA	Butler	& Lawrence Cou	nties, PA	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WNEO	0.25				
						-			
Total DSEs			0.00	Total DSEs			0.25		
Gross Receipts Third (Group	\$ 557	7,608.04	Gross Receipts Fou	irth Group	\$ 10	05,562.93		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	280.80		
				Ш					
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$			
	-, - .,	. – (137)				•			

SYSTEM ID# 34166 Nam	EGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166									
BSCRIBER GROUP	FOR EACH SUBSC	BASE RATE FE	COMPUTATION OF	LOCK A: C	В					
COND SUBSCRIBER GROUP	TWENTY-SECON	IP I	SUBSCRIBER GRO	TY-FIRST	TWEN					
uthern Mercer County, PA Comput	IITY/ AREA South	unty, P/	entral Mercer Co	North C	COMMUNITY/ AREA					
	IGN DSE	DSE CAI	CALL SIGN	DSE	CALL SIGN					
1.00 Base Rat	1.00	WPC		1.00	WPCB					
and				0.25	WQED					
Syndica										
Exclusi										
Surcha										
for										
Partia										
Dista										
Statio										
		1.25 Total			Total DSEs					
1.00	s									
	eeipts Second Group		\$ 100	iroup	Gross Receipts First G					
s 950,627.22		495.35 Gross		·	·					
s 950,627.22 soup \$ 10,114.67	ceipts Second Group e Fee Second Group	495.35 Gross 245.39 Base	\$ 1	roup	Base Rate Fee First G					
\$ 950,627.22 pup \$ 10,114.67	ceipts Second Group e Fee Second Group	495.35 Gross 245.39 Base	\$ 1	roup	Gross Receipts First G Base Rate Fee First G TWENT					
s 950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Percer County, PA	e Fee Second Group TWENTY-FOURT	495.35 Gross 245.39 Base P s, PA COM	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD	Base Rate Fee First G TWEN COMMUNITY/ AREA					
\$ 950,627.22 DOUP \$ 10,114.67 DURTH SUBSCRIBER GROUP PRICER County, PA SE CALL SIGN DSE	reipts Second Group Fee Second Group TWENTY-FOURT IITY/ AREA Merce	495.35 Gross 245.39 Base P s, PA COM DSE CA	\$ 1	TY-THIRD : Crawfor	TWEN COMMUNITY/ AREA CALL SIGN					
s 950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Percer County, PA	reipts Second Group Fee Second Group TWENTY-FOURT IITY/ AREA Merce	495.35 Gross 245.39 Base P s, PA COM	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD	Base Rate Fee First G TWEN COMMUNITY/ AREA					
\$ 950,627.22 DOUP \$ 10,114.67 DURTH SUBSCRIBER GROUP PRICER County, PA SE CALL SIGN DSE	TWENTY-FOURT IITY/ AREA Merce IGN DSE 1.00	495.35 Gross 245.39 Base P s, PA COM DSE CA	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWEN COMMUNITY/ AREA CALL SIGN					
s 950,627.22 DOUP \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA BE CALL SIGN DSE 1.00	TWENTY-FOURT IITY/ AREA Merce IGN DSE 1.00	495.35 Gross 245.39 Base P s, PA COM DSE CAI WF)	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWEN COMMUNITY/ AREA CALL SIGN					
s 950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25	TWENTY-FOURT IITY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P S, PA COM DSE CAI WF) WIC	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN					
950,627.22 DURTH SUBSCRIBER GROUP PERCER County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWEN COMMUNITY/ AREA CALL SIGN					
\$ 950,627.22 DOUP \$ 10,114.67 DURTH SUBSCRIBER GROUP PICER County, PA SE CALL SIGN DSE 1.00 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P S, PA COM DSE CAI WFX WIC WJE	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWEN COMMUNITY/ AREA CALL SIGN					
950,627.22 DURTH SUBSCRIBER GROUP PERCER County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN					
950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN					
950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN					
950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN					
950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN					
950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWEN COMMUNITY/ AREA CALL SIGN					
950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWEN COMMUNITY/ AREA CALL SIGN					
950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN					
950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN					
950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT ITTY/ AREA Merce IGN DSE 1.00 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN					
950,627.22 Dup \$ 10,114.67 URTH SUBSCRIBER GROUP Precer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25 0.25	TWENTY-FOURT INTY/ AREA Merce IGN DSE 1.00 0.25 0.25	495.35 Gross 245.39 Base P s, PA DSE WF) WIC WJE WQI WSE	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN KDKA					
950,627.22 Dup \$ 10,114.67 DURTH SUBSCRIBER GROUP Procer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25	TWENTY-FOURT INTY/ AREA Merce IGN DSE 1.00 0.25 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WFX WIC WJE WQI	\$ 1 SUBSCRIBER GROUNTIE	TY-THIRD : Crawfor	TWENT COMMUNITY/ AREA CALL SIGN KDKA					
950,627.22 Dup \$ 10,114.67 URTH SUBSCRIBER GROUP Prcer County, PA SE CALL SIGN DSE 1.00 0.25 0.25 0.25 0.25 0.25 2.00	TWENTY-FOURT INTY/ AREA Merce IGN DSE 1.00 0.25 0.25	495.35 Gross 245.39 Base P s, PA COM DSE CAI WIC WJE WQI WSE 0.25 Total	SUBSCRIBER GROUND CALL SIGN	TY-THIRD Crawfor DSE 0.25	TWENT COMMUNITY/ AREA CALL SIGN					

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA	CRIBER GROUP nty, PA Computation L SIGN DSE Base Rate F
COMMUNITY/ AREA French Creek Township, PA COMMUNITY/ AREA Venango Community/ A	nty, PA Computation L SIGN DSE Base Rate F
CALL SIGN DSE CA	L SIGN DSE of Base Rate F
	Base Rate F
WFXP 1.00 I	
	and
	and
	Syndicate
	Exclusivit
	Surcharg
	for
	Partially
	Distant
	Stations
Total DSEs Total DSEs	0.00
Gross Receipts First Group \$ 10,455.55 Gross Receipts Second Group \$	51,392.24
Base Rate Fee First Group \$ 111.25 Base Rate Fee Second Group \$	0.00
TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBS	CRIBER GROUP
COMMUNITY/ AREA Western Erie & North Central Cr COMMUNITY/ AREA Morrow Cou	ty, OH
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA	L SIGN DSE
Total DSEs 0.00 Total DSEs	0.00
Gross Receipts Third Group \$ 489,669.59 Gross Receipts Fourth Group \$	85,842.75

LEGAL NAME OF OWNE Armstrong Utilitie		LE SYSTEM:				SY	STEM ID# 34166	Nama
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	Р	^
COMMUNITY/ AREA	Greenu	ıp, WV		COMMUNITY/ AREA	A Sandy L	ake, PA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	<u> </u>						<u></u>	Partially
							····	Distant
								Stations
T D			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 153	,963.68	Gross Receipts Seco	ond Group	\$ 13	2,081.69	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Somers	set, PA		COMMUNITY/ AREA	North C	larion, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						·		
Total DCC			0.00	Total DOF-		Ш	0.00	
Total DSEs				Total DSEs	41- 0			
Gross Receipts Third C	roup	\$ 396	,466.31	Gross Receipts Four	τη Group	<u>\$ 35</u>	0,697.38	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				11				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$	0.00	

LEGAL NAME OF OWN Armstrong Utilitie		LE SYSTEM:				S	YSTEM ID# 34166	Name
В		COMPUTATION OI SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Kinsma	an, OH		COMMUNITY/ ARE	A Andove	r, OH		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>							and Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs		-	0.00	Total DSEs		,	0.00	
Gross Receipts First G	Group	\$ 60	,877.59	Gross Receipts Seco	ond Group	\$	78,133.49	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Harrisv	rille, WV		COMMUNITY/ ARE	A Hamlin,	WV		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
//////////////////////////////////////				***************************************				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 217	7,136.96	Gross Receipts Four	rth Group	\$ 4	86,950.45	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	II as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE Armstrong Utilitie		LE SYSTEM:	•			SY	STEM ID# 34166	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU	JP		TENTH	SUBSCRIBER GROU	Р	^
COMMUNITY/ AREA	Connel	Isville, PA		COMMUNITY/ ARE	A Medina,	ОН		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,637	,758.69	Gross Receipts Seco	ond Group	\$ 2,02	8,038.93	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Orrville	e, OH		COMMUNITY/ AREA	A Butler/Z	elie, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 587	,334.83	Gross Receipts Foul	rth Group	\$ 11,36	7,264.37	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	4		
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LEGAL NAME OF OWNE Armstrong Utilitie		LE SYSTEM:				SY	34166	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
THI	RTEENTH	SUBSCRIBER GRO	UP	FOU	RTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	South F	Point, OH		COMMUNITY/ AREA	Ashland	I OH		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
						1—1		Partially
						1—1111111111111111111111111111111111111		Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,849	,745.01	Gross Receipts Second	d Group	\$ 1,82	5,068.77	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	UP	SI	XTEENTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA		go & Forest Cour				& Crawford Count		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		_						
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Froun	\$ 218	,266.50	Gross Receipts Fourth	Group	s 30	9,157.94	
C. COC MODELPIO TIME C	-10up	-	,	Sides Rescripts Fourth	J. 54p	* 33	-,	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	bove.	¢		
Litter Here and III DIOCK	. o, iii e 1, 8	space L (page 1)				Ψ		

LEGAL NAME OF OWNE Armstrong Utilitie		E SYSTEM:	-			SY	34166	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA	Easterr	Mahoning Coun	ty, OH	COMMUNITY/ AREA	W. Maho	oning & Trumbull (County, C	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<mark>.</mark>			Base Rate Fee
								and
								Syndicated
								Exclusivity
***************************************								Surcharge for
								Partially
								Distant
								Stations
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,487,	897.26	Gross Receipts Secon	d Group	\$ 2,25	8,423.39	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NIN	NTEENTH	SUBSCRIBER GROU	Р	T\	WENTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	Butler &	& Lawrence Coun	ties, PA	COMMUNITY/ AREA	Venange	o Counties, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
	<u> </u>							
					<mark></mark>			
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	Group	\$ 557,	608.04	Gross Receipts Fourth	n Group	\$ 109	5,562.93	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNI Armstrong Utilitie		LE SYSTEM:	•			SY	STEM ID# 34166	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	BER GROUP		
TWEN	TY-FIRST	SUBSCRIBER GROU	JP	TWENT	TY-SECOND	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	North C	Central Mercer Co	ounty, P/	COMMUNITY/ AREA	Souther	n Mercer County,	PA	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
						_		Surcharge
								for
						_		Partially Distant
								Stations
								Giations
		—						
			4					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	Group	\$ 100,	495.35	Gross Receipts Seco	and Group	\$ 95	0,627.22	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GROU	JP	TWEN	TY-FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Crawfo	rd & Erie Countie	es, PA	COMMUNITY/ AREA	Mercer	County, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
						_		
						_		
			•					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 2,132,	493.91	Gross Receipts Four	th Group	\$ 3	6,900.47	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add tl Enter here and in block			riber group	as shown in the boxes	above.	\$		
	. 0,0 1, 0					·		

LEGAL NAME OF OWN		LE SYSTEM:	•			SY	STEM ID# 34166	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
TWEN	NTY-FIFTH	SUBSCRIBER GROU	JP	TWE	ENTY-SIXTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA	French	Creek Township	, PA	COMMUNITY/ AREA	Venang	o County, PA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated
						 		Exclusivity
								Surcharge
		_						for
								Partially
								Distant
								Stations
						·		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	<u>\$</u> 10	,455.55	Gross Receipts Seco	and Group	\$ 5	1,392.24	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GROU	JP	TWEN	ITY-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Wester	n Erie & North Ce	entral Cr	COMMUNITY/ AREA	Morrow	County, OH		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$ 489	,669.59	Gross Receipts Four	th Group	\$ 8	5,842.75	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				••				
Base Rate Fee: Add to Enter here and in block			riber group	as shown in the boxes	above.	\$		
	-,	, - (F80 · /						

First SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Second 50 major television market Second 50 major televis	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCR If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in by section 76.5 of FCC rules in effect on June 24, 1981: Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCR If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also Syndicated in block of the system is located in by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market Second 50 major television market	RIBER GROUP compute a n as defined k A, part 9 of
## Syndicated Exclusivity Surcharge. Indicate which major tolevision market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major tolevision market any portion of your cable system is located in as defined by section 76.5 of FCC titles in effect on June 24, 1981. ### NSTRUCTIONS: In First 50 major television market Second 50 major television market	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in by section 76.5 of FCC rules in effect on June 24, 1981: Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also Syndicated which major television market any portion of your cable system is located in blocated in by section 76.5 of FCC rules in effect on June 24, 1981: Second 50 major television market	compute an as defined k A, part 9 of
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 fulles in effect on June 24, 1981: Second 50 major television market Second 50 major television market	Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in by section 76.5 of FCC rules in effect on June 24, 1981: Computation of Base Rate Fee and Syndicated Syndicated Exclusivity Surcharge for Partially Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in by section 76.5 of FCC rules in effect on June 24, 1981: Second 50 major television market Second 50 major television market Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were a second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for the VHF Grade B contour stations that were a second 50 major television market INSTRUCTIONS: Step 2: In line 2, give the total DSEs by subscriber group for the VHF Grade B contour stations that were a second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for the VHF Grade B contour stations that were a second 50 major television market INSTRUCTIONS: Step 1: In line 2, give the total DSEs by subscriber group for the VHF Grade B contour stations that were a second 50 major television market INSTRUCTIONS: Step 2: In line 2, give the total DSEs by subscriber group for the VHF Grade B contour stations that were a second 50 major television market INSTRUCTIONS: Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part	n as defined k A, part 9 of
Pirst 50 major television market Second 50 major television Second 50 major televisio	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially First 50 major television market Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were expected by the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part	•
Rate Fee Step 1: 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. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempl DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: 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 Line 1: Enter the VHF 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. SYNDICATED EXCLUSIVITY SURCHARGE First Group. SyNDICATED EXCLUSIVITY SURCHARGE First Group subject to the surcharge computation THIRD SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE First Group. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. SYNDICATED EXCLUSIVITY SU	Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part	·
Step 1: In line 1, give the bload DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of disclated busivity charge for for ritality stant	 and Syndicated Exclusivity Surcharge for Partially Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were exampt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 	·
Step 2: In line 2, give the total number of DSEs by subsoriber 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. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.	Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were a Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were a Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were a Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were a Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were a Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were a Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were a Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were a Exempt DSEs in block C, part 7 of this schedule. If none enter zero.	classified as
charge Step 8: Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3 subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: 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 Line 1: Enter the VHF 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. SYNDICATED EXCLUSIVITY SURCHARGE First Group. SYNDICATED EXCLUSIVITY SURCHARGE Line 3: 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 Line 1: Enter the VHF 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. SYNDICATED EXCLUSIVITY SURCHARGE 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. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group. SYNDICATED EXCLUSIVITY	Surcharge for Partially Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part	ciassilled as
Step 4: 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 Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1	Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part	
stant attions FIRST SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1		. 7 . 4 41.:-
Line 1: Enter the VHF DSEs		
Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE First Group Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE First 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 SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ SYNDICATED EXCLUSIVITY		OLIB
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. SYNDICATED EXCLUSIVITY SURCHARGE First Group Line 1: Enter the VHF 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. SYNDICATED EXCLUSIVITY SURCHARGE First Group Line 1: Enter the VHF 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. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. \$ SYNDICATED EXCLUSIVITY SURCHARGE Third Group. \$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group.	FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GR	.00P
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 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs	
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
this subscriber group subject to the surcharge computation		
subject to the surcharge computation		
computation		
SURCHARGE First Group\$ THIRD SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Third Group SUBTRIA SUBSCRIBER GROUP 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 SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$		
THIRD SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ Second Group FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ Second Group \$ Second Group \$ SUBSCRIBER GROUP 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 - SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY	
THIRD SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Third Group Tine 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group		
Line 1: Enter the VHF DSEs	Geschia Group	
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	THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GR	OUP
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 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs	
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
total number of DSEs for this subscriber group subject to the surcharge computation		
subject to the surcharge computation		
SYNDICATED EXCLUSIVITY SURCHARGE Third Group		
SYNDICATED EXCLUSIVITY SURCHARGE Third Group		-
Third Group	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY	
in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	total number of DSEs for this subscriber group subject to the surcharge computation	

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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: First 50 major television market	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
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 PCC rules in effect of June 24, 1981:		Armstrong Utilities, Inc.	34166
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: First 50 major television market Second 50 major television market		BLOCK B: COMPUTATION OF SYNDICATED EXC	LUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
Instructions: Step 1: 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.	9	Syndicated Exclusivity Surcharge. Indicate which major television	·
In line 1, give the total OSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exampl DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge or 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. NINTH SUBSCRIBER GROUP Line 1: Enter the VHF 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. SYNDICATED EXCLUSIVITY SURCHARGE First Group. SYNDICATED EXCLUSIVITY SURCHARGE This Group. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. SYNDICATED EXCLUSIVITY SYNDICATED E	Computation	by section 76.5 of 1 de rules in check on dune 24, 1561.	
Step 1: 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. Step 2: 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. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: 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. NINTH SUBSCRIBER GROUP Line 1: Enter the VHF 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. SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown	of		☐ Second 50 major television market
Step 2: 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 of this schedule. In making this computation, use gross receipts figures applicable to the surcharge. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, saction 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. NINTH SUBSCRIBER GROUP 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 SYNDICATED EXCLUSIVITY SURCHARGE First Group SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group as shown	Base Rate Fee and		ommercial VHF Grade B contour stations listed in block A, part 9 of
Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1 state that the state of 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. NINTH SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group as shown	Syndicated	this schedule.	
Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: 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. NINTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1	Exclusivity Surcharge	1 .	
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. NINTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1	for	Step 3: In line 3, subtract line 2 from line 1. This is the total num	mber of DSEs used to compute the surcharge.
Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE First Group 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 SYNDICATED EXCLUSIVITY SURCHARGE First Group 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 SYNDICATED EXCLUSIVITY SURCHARGE 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown	Partially Distant Stations	schedule. In making this computation, use gross receip	•
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 SYNDICATED EXCLUSIVITY SURCHARGE First Group 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 SYNDICATED EXCLUSIVITY SURCHARGE First Group ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP
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 SYNDICATED EXCLUSIVITY SURCHARGE First Group 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 SYNDICATED EXCLUSIVITY SURCHARGE First Group ELEVENTH SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		Line 1: Enter the V/UE DSEs	Line 1: Enter the V/UE 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			
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
this subscriber group subject to the surcharge computation		and enter here. This is the	and enter here. This is the
computation			
SURCHARGE First Group		· · · · · · · · · · · · · · · · · · ·	
ELEVENTH SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Third Group		SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
Line 1: Enter the VHF 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		ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP
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 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
total number of DSEs for this subscriber group subject to the surcharge computation		Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
this subscriber group subject to the surcharge computation			
SYNDICATED EXCLUSIVITY SURCHARGE Third Group . \$ SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group . \$ SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown			
SYNDICATED EXCLUSIVITY SURCHARGE Third Group		· · · · · · · · · · · · · · · · · · ·	11
Third Group			
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown			
SYNDICATED EXCLUSIVITY SURCHARGE: 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)		Third Group	Fourth Group
		SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge in the boxes above. Enter here and in block 4, line 2 of space L (e for each subscriber group as shown (page 7)
		SYNDICATED EXCLUSIVITY SURCHARGE Third Group	computation

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc.	SYSTEM ID#
		34166
	BLOCK B: COMPUTATION OF SYNDICATED EX	KCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	1 .	ket and the station is not exempt in Part 7, you must also compute a sion market any portion of your cable system is located in as defined
Computation		
of Base Rate Fee	First 50 major television market INSTRUCTIONS:	Second 50 major television market
and		commercial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity	this schedule.	r group for the VHF Grade B contour stations that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If r	
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total n	number of DSEs used to compute the surcharge. sing the formula outlined in block D, section 3 or 4 of part 7 of this
Distant Stations		eipts figures applicable to the particular group. You do not need to show
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHE DSEe	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	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	Surcharge Second Group
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH 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	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge computation	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE Third Group	SURCHARGE Fourth Group
	Tillid Gloup	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcha in the boxes above. Enter here and in block 4, line 2 of space	rge for each subscriber group as shown L (page 7)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXC	CLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9		et and the station is not exempt in Part 7, you must also compute a on market any portion of your cable system is located in as defined
Computation		
of Base Rate Fee	First 50 major television market INSTRUCTIONS:	Second 50 major television market
and	Step 1: In line 1, give the total DSEs by subscriber group for co	ommercial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber of	group for the VHF Grade B contour stations that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If no Step 3: In line 3, subtract line 2 from line 1. This is the total nu	one enter zero.
for Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group usin	·
	SEVENTEENTH SUBSCRIBER GROUP	EIGHTEENTH 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	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge computation	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	SURCHARGE Second Group
	NINEENTH SUBSCRIBER GROUP	TWENTYTH 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	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge computation	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharg in the boxes above. Enter here and in block 4, line 2 of space L	ge for each subscriber group as shown (page 7)

ur cable system is located within a top 100 television dicated Exclusivity Surcharge. Indicate which major televition 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market FRUCTIONS: 1: In line 1, give the total DSEs by subscriber growthis schedule. 2: In line 2, give the total number of DSEs by subscribed Exempt DSEs in block C, part 7 of this schedule. 3: In line 3, subtract line 2 from line 1. This is the formula of the subscriber growth of the schedule.	Second 50 major television market up for commercial VHF Grade B contour stations listed in block A, part 9 of scriber group for the VHF Grade B contour stations that were classified as alle. If none enter zero.
ur cable system is located within a top 100 television dicated Exclusivity Surcharge. Indicate which major televition 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market FRUCTIONS: 1: In line 1, give the total DSEs by subscriber growthis schedule. 2: In line 2, give the total number of DSEs by subscribed Exempt DSEs in block C, part 7 of this schedule. 3: In line 3, subtract line 2 from line 1. This is the formula of the subscriber growth of the schedule.	market and the station is not exempt in Part 7, you must also compute a television market any portion of your cable system is located in as defined Second 50 major television market up for commercial VHF Grade B contour stations listed in block A, part 9 of scriber group for the VHF Grade B contour stations that were classified as alle. If none enter zero.
First 50 major television market FRUCTIONS: 1: In line 1, give the total DSEs by subscriber growthis schedule. 2: In line 2, give the total number of DSEs by subscribed by subscribe	Lelevision market any portion of your cable system is located in as defined Second 50 major television market up for commercial VHF Grade B contour stations listed in block A, part 9 of scriber group for the VHF Grade B contour stations that were classified as alle. If none enter zero.
First 50 major television market **RUCTIONS:* 1: In line 1, give the total DSEs by subscriber grouthis schedule. 2: In line 2, give the total number of DSEs by subscriber Bxempt DSEs in block C, part 7 of this schedule. 1: In line 3, subtract line 2 from line 1. This is the first schedule.	Second 50 major television market up for commercial VHF Grade B contour stations listed in block A, part 9 of scriber group for the VHF Grade B contour stations that were classified as alle. If none enter zero.
TRUCTIONS: 11: In line 1, give the total DSEs by subscriber growthis schedule. 22: In line 2, give the total number of DSEs by subsequence by the schedule of the schedule. 33: In line 3, subtract line 2 from line 1. This is the schedule.	up for commercial VHF Grade B contour stations listed in block A, part 9 of scriber group for the VHF Grade B contour stations that were classified as the life in the vertical scriber group for the VHF Grade B contour stations.
 1: In line 1, give the total DSEs by subscriber growth this schedule. 2: In line 2, give the total number of DSEs by subsequence in the schedule. 3: In line 3, subtract line 2 from line 1. This is the first the schedule. 	scriber group for the VHF Grade B contour stations that were classified as tle. If none enter zero.
2: In line 2, give the total number of DSEs by subs Exempt DSEs in block C, part 7 of this schedu 3: In line 3, subtract line 2 from line 1. This is the	ile. If none enter zero.
Exempt DSEs in block C, part 7 of this schedu 3: In line 3, subtract line 2 from line 1. This is the t	ile. If none enter zero.
	total number of DSEs used to compute the surcharge. Dup using the formula outlined in block D, section 3 or 4 of part 7 of this
	ss receipts figures applicable to the particular group. You do not need to show
TWENTY-FIRST SUBSCRIBER GROUP	TWENTY-SECOND SUBSCRIBER GROUP
1: Enter the VHE DSEs	Line 1: Enter the VHF DSEs
·	Line 2: Enter the Exempt DSEs
and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
total number of DSEs for	total number of DSEs for
•	this subscriber group subject to the surcharge
DICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
First Group	SURCHARGE Second Group
TWENTY-THIRD SUBSCRIBER GROUP	TWENTY-FOURTH SUBSCRIBER GROUP
1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
this subscriber group	this subscriber group
	subject to the surcharge computation
DICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE Fourth Group
	TWENTY-FIRST SUBSCRIBER GROUP 1: Enter the VHF DSEs

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc.	SYSTEM ID#
		34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	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:	
Computation		<u></u>
of Base Rate Fee	First 50 major television market INSTRUCTIONS:	☐ Second 50 major television market
and	and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 or	
Syndicated		
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If no	
for	Step 3: In line 3, subtract line 2 from line 1. This is the total nur Step 4: Compute the surcharge for each subscriber group usin	·
Partially Distant Stations		ipts figures applicable to the particular group. You do not need to show
	TWENTY-FIFTH SUBSCRIBER GROUP	TWENTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the V/UE DSEs	Line 1: Enter the V/HE DSEs
	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	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	Surcharge Second Group
	TWENTY-SEVENTH SUBSCRIBER GROUP	TWENTY-EIGHTH 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	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge computation	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE Third Group	SURCHARGE Fourth Group
	Trilla Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharg in the boxes above. Enter here and in block 4, line 2 of space L	ge for each subscriber group as shown (page 7)
	in the boxes above. Enter here and in block 4, line 2 of space L	(page 7)