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

### SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
02/27/2018	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2017/2			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ess of the cable system on the last day of the counting perion	em the accounting period should s	
	HOOD CANAL TELEPHONE CO. INC.IN			
				17862017/2
				1786 2017/2
	PO BOX 249			
	UNION, WA 98592			
_	INSTRUCTIONS: In line 1, give any business or trade names used to id	dontify the business	es and operation of the system	om unloss those
С	names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2   (Number, street, rural route, apartment, or sulte number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comp	nunity served below and rel	ist on page 1h
_		only the list com	numity served below and ref	ist on page 1b
Area Served	with all communities.  CITY OR TOWN	STATE		
First	UNION	WA		
Community				
	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.  CH LINE UP	SUB GRP#
	Alda	MD	A	30B GRP#
Sample	Alliance	MD	В	2
	Gering	MD	В	3

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 th 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.

FORM SA3E. PAGE 1b.											
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
HOOD CANAL TELEPHONE CO. INC.IN			1786								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  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 be	elow.	· · · · · · · · · · · · · · · · · · ·		-							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	_							
UNION	WA			First							
				Community							
				See instructions for							
				additional information on alphabetization.							
				on diphabetization.							
				Add rows as necessary.							


Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
HOOD CANAL TELEPHONE CO. INC.IN
1786

### Ε

### 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		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	F	RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	3,294	\$	68.95	RV Unit 2	317	\$	5.00
<ul> <li>Service to additional set(s)</li> </ul>				RV Unit 5	42	\$	3.00
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
II	· · · · · · · · · · · · · · · · · · ·				**	T	

### 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.

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		Pay cable		
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
First set		Burglar protection		
<ul> <li>Additional set(s)</li> </ul>		Other services:		
FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HOOD CANAL TELEPHONE CO. INC.IN 1786 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 CARRIAGE (Yes or No) NUMBER STATION (If Distant) **KOMO** 38 Ν No Seattle, WA KOMO-2 38 N-M No Seattle, WA See instructions for additional information KOMO-3 38 N-M No Seattle, WA on alphabetization. KING Ν No 48 Seattle, WA KING-2 N-M No Seattle, WA 48 **KIRO** 39 Ν No Seattle, WA KIRO-2 39 No Seattle, WA N-M KIRO-3 39 N-M No Seattle, WA **KCTS** 9 Ε No Seattle, WA KCTS-3 9 Ε No Seattle, WA **KZJO** 25 ı No Seattle, WA KZJO-3 25 No Seattle, WA ı **KSTW** 11 ı No Seattle, WA **KCPQ** 13 N No Seattle, WA KCPQ-2 13 N-M No Seattle, WA KCPQ-3 13 N-M No Seattle, WA **KONG** 31 Ν No Seattle, WA **KTBW** 14 Ε Seattle, WA No

FORM SA3E. PAGE 3.						
LEGAL NAME OF OW	NER OF CABLE S'	YSTEM:			SYSTEM ID#	Namo
HOOD CANAL	TELEPHON	E CO. INC.	.IN		1786	Nume
PRIMARY TRANSMITT	TERS: TELEVISION	ON				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute Basis basis under specifc F • Do not list the station station was carried • List the station here basis. For further i in the paper SA3 f Column 1: List ea each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable s Column 3: Indicat educational station, b	G, identify ever system during to titions in effect on 6.61(e)(2) and (asis, as explaine Stations: With CC rules, regular neric in space donly on a subset, and also in spanformation concorn.  Ch station's call no associated with A-2". Simulcast ne channel numbers, for example system carried the in each case by entering the less that the channel neric in each case by entering the less that the channel neric in each case by entering the less that the channel neric in each case by entering the less that the channel neric in each case by entering the less that the channel neric in each case by entering the less that the channel neric in each case by entering the less that the channel neric in each case by entering the less that the channel neric in each case by entering the less that the channel neric in each case by entering the less that the channel neric in each case by entering the less that the channel neric in each case by the channel neric in the channel ner	y television standard by television standard	g period, except 81, permitting the referring to 76.6 paragraph. distant stations corrizations: to the paragraph. distant stations: to the paragraph of the attion was carried tute basis station report origination coording to its ow the reported in the mass assigned to mannel 4 in Wash station is a network etwork), "N-M" ("N-M")	(1) stations carried carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statington, D.C. This ork station, an indefor network multic	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial east), "I" (for independent), "I-M"	G Primary Transmitters: Television
For the meaning of th Column 4: If the s planation of local serv Column 5: If you lead to system carried the distant state of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the column of the server of the server of the column of the server	ese terms, see tation is outside vice area, see phave entered "Y the distant station on a part-tision of a distant entered into o a primary trans simulcasts, als three categories he location of ea Canadian station	page (v) of the the local servage (v) of the les" in column on during the ame basis becat multicast strein or before Justillet or an aso enter "E". If a, see page (v) ach station. Foons, if any, given	e general instruct vice area, (i.e. "c general instruct 4, you must con accounting perior ause of lack of a earn that is not some 30, 2009, be association repreyou carried the of the general or U.S. stations, e the name of the	ctions located in the distant"), enter "Ye ions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable systematic on any or instructions located list the community with the	es. If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject 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 n which the station is identifed.	
Note: If you are utilizi	ing multiple cha	• •	•	•	channel line-up.	-
	1	CHANN	EL LINE-UP	АВ		-
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	
КВТС	27	E	No		Seattle, WA	
KWPX	33	ı	No		Seattle, WA	
	<u> </u>					

HEMOLANT TELEPHONE CO. INC. IN HODE CANAL TELEPHONE THE CANAL TELEPHONE HODE CANAL TELEPHONE HODE CANAL TELEPHONE HODE CANAL TELEPHONE THE CANAL TELEPHONE HODE CANAL TELEPHONE THE CANAL TELEPHONE HODE CANAL TELEPHONE HODE CANAL TELEPHONE THE CANAL TELEPHONE HODE CANAL T	FORM SA3E. PAGE 3.						
PRIMARY TRANSMITTERS: TELEVISION In Generat: 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 PCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59(i)(2) and (4), 76,51(e)(2) and	LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				Name
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(q)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 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 specific FCC rules, regulations, or authorizations:  1 bits not not list the station here in space G—but do list it in space ((the Special Statement and Program Log)—if the station was carried only 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 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 is a network station, an independent station, or a noncommercial educational multicast). For for hemeaning 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:	HOOD CANAL	TELEPHON	E CO. INC.	IN		1786	
Courted by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules an 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), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations:  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:  10 not 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 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 distation, by entering the letter 'N" (for network, "N-M" (for network multicast), "" (for independent), "Ha" (for independent multicast). "Ef or noncommercial educational multicast). For the meaning of these terms, 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 dista	PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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 CHANNEL G. CARRIAGE	carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	system during the consine effect or a consine effect or a consistency with a consistency	he accounting In June 24, 194, or 76.63 (Indian the next) respect to any attons, or auth G—but do listitute basis. In the stateming substitute sign. Do not refer a station accept the FCC hear was the station.	g period, except 81, permitting the referring to 76.6 paragraph. v distant stations orizations: t it in space I (the ation was carried trute basis station report origination coording to its over be reported in or ass assigned to the annel 4 in Wash	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statington, D.C. This	and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinateream separately; for example ion for broadcasting over-the-air in may be different from the channel	Primary Transmitters:
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION (Yes or No) CARRIAGE	educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local servi 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 th Column 6: Give the FCC. For Mexican or Column of the service	entering the le cast), "E" (for no ese terms, see le ation is outside ce area, see pa ave entered "You ne distant statio ion on a part-tir ion of a distant entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an action enter "E". If the see page (v) ch station. For one, of enter, given in any, given enter, given	etwork), "N-M" ('I educational), of general instructive area, (i.e. "or general instructive, you must conaccounting period accounting period area of lack of a geam that is not some 30, 2009, be association repreyou carried the or of the general in U.S. stations, ie the name of the	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, io d. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with	ast), "I" (for independent), "I-M" ommercial educational multicast). The paper SA3 form. Search SA3 form. Stating the basis on which your stering "LAC" if your cable system capacity. The paper sassociation representing the passing ry transmitter, enter the designation of the paper SA3 form. The paper SA3 form the paper SA3 form. The paper SA3 form the paper SA3 form. The paper SA3 form the paper	
SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AC		
		CHANNEL	OF		CARRIAGE	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
HOOD CANAL	TELEPHON	E CO. INC.	IN		1786	Nume		
PRIMARY TRANSMITTE	RS: TELEVISIO	)N						
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 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 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 as sociated 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), "" (for independent), "I-M" (for ind								
explanation of these the	ree categories e location of ea Canadian statio	, see page (v) ch station. Fo ons, if any, give	of the general in the stations, leading the stations of the st	instructions locate list the community ne community with	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.			
		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			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pasis Substitute Pasis Pas	G, identify every system during the ions in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and associated with associated with a conserved the ineach case we entering the least), "E" (for no ese terms, see pation is outside to an a part-tirision of a distant the entered "Ye entered "the ineach case we are entered "the ineach case we entered "the ineach case is entered into on a part-tirision of a distant at entered into on a primary transis simulcasts, also are categories, elocation of ea	y television standard programment of the station accounting of the station accounting of the station account of the station of the station account of the station account of the station account of the station account of the station. For the station account of the station acco	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried the period of the stion was carried to the stion was carried to the period of the stion was station to the period of the stion was assigned to the stion is a network of the stion was assigned to the stion of the stions, it was assigned to the stion of the stions, it was assigned to the stion of the	(1) stations carried carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designation of the television statington, D.C. This work station, an indefor network multiple of "E-M" (for nonconstructions located in the insplete column 5, and Indicate by enactivated channel of the primal channel on any of instructions located in the subject to a royalty extended the primal channel on any of instructions located in the insplete column 5, and Indicate by enactivated channel or any of instructions located in the insplete column 5, and Indicate by enactivated channel or any of instructions located in the community in the care care care care care care care car	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system		Primary Transmitters: Television
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AE			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
HOOD CANAL	TELEPHON	E CO. INC.	IN		1786	Nume		
PRIMARY TRANSMITTE	RS: TELEVISIO	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 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 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 multicast). For								
tion "E" (exempt). For sexplanation of these the Column 6: Give the	simulcasts, also ree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups,	you carried the of the general in th	channel on any ot instructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.			
	T	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			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786	Hume
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pasis Substitute Pasis Pas	G, identify even the system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(	y television standard page (v) of the local servage (v) of the local se	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried the period of the stion was carried to the stion was carried to the period of the stion was station to the period of the stion was assigned to the stion is a network of the stion was assigned to the stion of the stions, it was assigned to the stion of the stions, it was assigned to the stion of the	(1) stations carried ec carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designate column 1 (list each the television statington, D.C. This light of the television statington, D.C. This light of the television statington, one the television statington one the television statington on the television s	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	e	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		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		
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786		
PRIMARY TRANSMITTI	ERS: TELEVISIO	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 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 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 as associated with a station according to its over-the-air designation. For example, report multicast stream as sacciated 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 stat								
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AH				
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			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.	IN		1786	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	system during the consistence of	he accounting In June 24, 194, or 76.63 (Indian the next) respect to any attons, or auth G—but do listitute basis. In the stateming substitute sign. Do not refer a station accept the FCC hear was the station.	g period, except 81, permitting the referring to 76.6 paragraph. v distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its ow- be reported in or ass assigned to pannel 4 in Wash	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statington, D.C. This	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	rentering the lecast), "E" (for no ese terms, see leation is outside ce area, see paave entered "Yche distant station on a part-tiricion of a distant at entered into or a primary transsimulcasts, also ree categories e location of ea Canadian statio	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an action enter "E". If the see page (v) ch station. For one, if any, giv	etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct and the condition of the condition of the general instruct area that is not some sociation repressociation repressociation of the general in the condition of the general instruction	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, and. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If the town of the station is licensed by the match which the station is identified.	
		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	
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786		
PRIMARY TRANSMITTE	ERS: TELEVISIO	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 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 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 as sociated 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), "" (for independent), "I-M" (for								
Trouble in you also damen	.9	•	•	•	онао ср.			
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			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786		
PRIMARY TRANSMITTE	ERS: TELEVISIO	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 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 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 as sociated 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), "" (for independent), "I-M" (for								
Trouble in you also damen	.9	•	•	•	онао ар.			
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			
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FORM SA3E. PAGE 3.					21/2=11/15		
LEGAL NAME OF OWN					SYSTEM ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	IN		1786		
PRIMARY TRANSMITTE	ERS: TELEVISIO	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 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 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 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 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), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial							
Note: If you are utilizing	ng multiple char	nnel 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		
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786		
PRIMARY TRANSMITTI	ERS: TELEVISIO	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 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 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 as associated with a station according to its over-the-air designation. For example, report multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as sweTRA-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 educatio								
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		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			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786		
PRIMARY TRANSMITTE	ERS: TELEVISIO	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 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 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 as associated with a station according to its over-the-air designation. For example, report multicast stream as 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 educationa								
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL 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			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	IN		1786	Nume	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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), 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 specife 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 indep							
explanation of these the	ree categories location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, given nnel line-ups,	of the general in U.S. stations, ethe name of the use a separate	instructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
	T	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		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name
HOOD CANAL	TELEPHON	E CO. INC.	IN		•	1786	- Trainio
PRIMARY TRANSMITTI	ERS: TELEVISIO	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 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 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 as associated with a station according to its over-the-air designation. For example, report multicast stream as sacciated with a station according to its over-the-air designation. For example, report multicast stream as swell as 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 mul							
Note: If you are utilizing		. ,		•			
		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		
	•						

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	IN		1786	Nume	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
PRIMARY TRANSMITTERS: TELEVISION  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 specife 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), "I-M" (for							
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	d in the paper SA3 form. to which the station is licensed by the which the station is identifed. 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		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786		
PRIMARY TRANSMITTI	ERS: TELEVISIO	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 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 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								
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	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			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	IN		1786	Nume	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
PRIMARY TRANSMITTERS: TELEVISION  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 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"							
tion "E" (exempt). For sexplanation of these the Column 6: Give the	simulcasts, also aree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, give	you carried the of the of the general in U.S. stations, let the name of the	channel on any ot instructions locate list the community ne community with	her basis, enter "O." For a further d in the paper SA3 form.  to which the station is licensed by the which the station is identifed.		
		CHANN	EL LINE-UP	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		
	<del> </del>	<b> </b>		<b></b>	<u> </u>		

HEMOLO CANAL TELEPHONE CO. INC. IN HODO CANAL TELEPHONE HODO CANAL TE	FORM SA3E. PAGE 3.										
PRIMARY TRANSMITTERS: TELEVISION 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 PCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(i)(2) and (4), 76.59(i)(2) and (4), 67.61(e)(2) and (4)); and (2) cartain 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 PCC rules, regulations, or authorizations:  10 not list the station here, and also in space (1) 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). "E' (for noncommercial educational station, by entering the letter "N' (for network), "N-M' (for network multicast), "E' (for noncommercial educational multicast	LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:				Name				
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(q)/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 part 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 specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space ((the Special Statement and Program Log)—if the station was carried only on a substitute basis station scarried by for the station and program Log)—if the station was carried only 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 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 is a network station, an independent station, or a noncommercial educational multicast). For for hemospharing 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 a mexplanation of local servi	HOOD CANAL	TELEPHON	E CO. INC.	IN		1786					
Courted by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules an 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), 76.61(e)(2) and (4)), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations:  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:  10 not list the station here, and also in space (—but do list it in space ( (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  1. List the station here, and also in space (—but do list it in space ( (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  1. List the station here, and also in space (—but do list it in space ( (the Special Statement and Program Log)—if the station is constitute basis.  1. List the station is so in space (—but do list it in space ( (the Special Statement and Program Log)—if the station is consisted to the station.  1. Solumn 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcasts treams must be reported in column 1 (list each stream separately; for example wETA-simulcast).  1. Column 2: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream smouth of the station.  1. Column 3: In column 4: Simulcasts in service sation is a network station, an independent station, or a noncommercial educational multicast).  1. 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 on a part-time basis because of lack of activated channel capacity.  1.	PRIMARY TRANSMITTE	RS: TELEVISIO	N								
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 identified.  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	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 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 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.										
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION (Yes or No) CARRIAGE	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										
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION (Yes or No) CARRIAGE	,		CHANN	FI LINE-LIP	ΔΤ						
		CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION					

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	:M ID#	Name			
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786				
PRIMARY TRANSMITTI	ERS: TELEVISIO	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), 07.66.37 (effecting) to 76.637 (effecting) to 76.639 (effecti										
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.					
		CHANN	EL LINE-UP	AU						
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					
	••••••									

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name			
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786				
PRIMARY TRANSMITTE	ERS: TELEVISIO	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), 76.63 (refic)(2) and (4), 76.63 (refic)(2) and (4), 76.63 (refic)(2) and (4), 76.63 (refic)(2) and (4), 76.63 (refiring 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 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 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 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 independe										
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.					
		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					

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name			
HOOD CANAL	TELEPHON	E CO. INC.	IN			1786				
PRIMARY TRANSMITTI	ERS: TELEVISIO	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), 07.663 (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 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 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 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).										
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.					
		CHANN	EL LINE-UP	AW						
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					

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 1786 **HOOD CANAL TELEPHONE CO. INC.IN** 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). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2017/
LEGAL NAME OF OWNER OF						5	SYSTEM ID#	Name
HOOD CANAL TELEP	HONE CO	. INC.IN					1786	
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG	i				_
In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting per	ccounting pening that must	eriod, under spe st be included ir NING SUBST	ecific present and former FC in this log, see page (v) of the ITUTE CARRIAGE	C rules, regula e general instr	ations, or auth ructions locate	norizations. ed in the par	For a further per SA3 form.	Substitute Carriage: Special
broadcast by a distant sta	tion?					Yes	XNo	Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ıst complete	the progran	n	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static addian static atth and day ve "5/7." es when the Example: a er "R" if the and regulatio orgramming	am on a separa attach additionannetwork televion and that your authorization the use general of the additional that your authorization that your and the additional that your and the additional that your shall be added to the additional that your systems are substitute program carrillisted program ons in effect du	al pages. ision program (substitute pur cable system substitute some categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01:  was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:2 mming that ye; enter the lett	during the a ramming of a ns located in List specific nsed by the ntified). numerals, which was a part of the time 8:30 p.m. shour system ver "P" if the	ccounting another stat the paper program  FCC or, in with the mon as accuratel ould be was required listed pro	th y	
5	SUBSTITUT	E PROGRAM	 		EN SUBSTIT		7. REASON	
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	5. MONTH 6. TIMES		FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO		
						- <b></b>		
					_	_		
						_		
						_		
						_		
	<del></del>							
						_		
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					_	_		

**ACCOUNTING PERIOD: 2017/2** FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1786 **HOOD CANAL TELEPHONE CO. INC.IN PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime 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** TO DATE **FROM** TO

LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
НС	OD CANAL TELEPHONE CO. INC.IN	1786	Name						
Ins all a (as	OSS RECEIPTS  ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secidentifed in space E) during the accounting period. For a further explanation of how to e (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	condary transmission service	<b>K</b> Gross Receipts						
IMF	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)							
<ul><li>Cor</li><li>Cor</li><li>If you</li><li>If you</li></ul>	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.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	pe entered on line 1 of							
▶ If p	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.	entered on line 2 in block							
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on 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 feesystem's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064								
	Enter the result here.	40.445.47							
	This is your minimum fee.	\$ 19,145.17							
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 colu "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	mn 4, you must check							
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -							
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00							
	Line 3. Add lines 1 and 2 and enter here	\$ -							
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 19,145.17	Cable systems						
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	Section 111(d)(7) should contact						
	Line 4. FILING FEE	\$ 725.00	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	\$ 19,870.17	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the							

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTE									
Name	HOOD CANAL TELEPHONE CO. INC.IN	1786								
	CHANNELS									
M	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.									
Channels										
	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	system carried television broadcast stations									
	Enter the total number of activated channels									
	on which the cable system carried television broadcast stations									
	and nonbroadcast services									
N Individual to Be Contacted										
for Further Information	Name Brooke Ogg Telephone 360-898-2760									
	Address PO Box 249 (Number, street, rural route, apartment, or suite number)									
	Union, WA 98592-0249									
	(City, town, state, zip)									
	Email Accounting@hcc.net Fax (optional) 360-898-3854									
_	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.									
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identified 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/Richard Buechel									
	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: Richard Buechel									
	Title: <b>President</b> (Title of official position held in corporation or partnership)									
	Date: February 27, 2018									

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 th 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 telephor 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 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

	STEM ID#	Name				
HOOD CANAL TELEPHONE CO. INC.IN	1786					
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.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions.		Gross Receipts Exclusion				
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.	nent.	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	days 					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)						
(interest charge * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance placentact the Licensing Division at (202) 707-8150 or licensing@loc.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 origining.	ginal					
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 th 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 sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2017/2

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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 the character and a contract of the contract of the party of	

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 C 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 or 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 particula 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  $\varepsilon$  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, ir 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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

# COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

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

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE 1.064% of gross receipts

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

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
   the rates given above;
   the total number of DSEs for that group's complement of stations;
   and
   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.



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	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)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		φο,σο 1.σσ			
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: 2017/2** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#					
1	HOOD CANAL TELEPH	ONE CO. INC	.IN			1786					
	SUM OF DSEs OF CATEGOR	RY "O" STATIOI	NS:								
	Add the DSEs of each station										
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00						
	Instructions:										
2	the letter "O" in column 5										
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).										
Computation	on In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
of DSEs for mercial educational station, give the DSE as ".25."  Category "O" CATEGORY "O" STATIONS: DSEs											
	CALL SIGN	DOE I	CALL SIGN		CALL SIGN	DCE					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
						***************************************					
						***************************************					
						***************************************					
I		ı l		ı J		1					

Name		OWNER OF CABLE SYSTEM: AL TELEPHONE CO.	INC.IN				S	1786
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all dista 2: For each station, give to correspond with the infor station, give the correspond with the inform of the color of th	he number of I mation given in the total number umn 2 by the final point. This station, give the fullumn 4 by the	nours your cable system space J. Calculate or or of hours that the state gure in column 3, and is the "basis of carriage "type-value" as "1.0."	m carried the sta nly one DSE for ion broadcast or give the result in e value" for the For each netwo	ation during the accounti each station. ver the air during the acc decimals in column 4. T station. ork or noncommercial ed in column 6. Round to no	counting period. This figure must lucational station, o less than the	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE	F 5. TYPE		SE
			÷		=	x	=	
						x		
			÷		=	x x		
						x		
			÷	:	=	x	=	
			÷ ÷		=	x x	=	
	Add the DSEs	of CATEGORY LAC S of each station. um here and in line 2 of p		hedule,		0.0	0	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference to Broadcast of space I).     Column 2: at your option.     Column 3:     Column 4:	re the call sign of each stand by your system in substant on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a pro as shown by the ork programs de number of live spond with the s in the calenda in 2 by the figu (For more info	ogram that your system letter "P" in column uring that optional carrie, nonnetwork program information in space I ar year: 365, except in ure in column 3, and girmation on rounding, s	was permitted 7 of space I); an lage (as shown by s carried in substance a leap year. We the result in cee page (viii) of	to delete under FCC ruled to the word "Yes" in column stitution for programs the column 4. Round to no let the general instructions	es and regular- n 2 of at were deleted ess than the third	rm).
				BASIS STATION			T	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	'S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷ -	=
		-		=			÷	=
		÷		=			÷	=
		÷		=			÷	=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p				0.0	0	-
<b>5</b> Total Number of DSEs	number of DSE  1. Number o  2. Number o	ER OF DSEs: Give the am s applicable to your system of DSEs from part 2 • If DSEs from part 3 • If DSEs from part 4 •		boxes in parts 2, 3, and	4 of this schedu	le and add them to provid	0.00 0.00 0.00	0.00
	I O IAL NUMBE	IV OL DOCA					F	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/2

LEGAL NAME OF C							S	YSTEM ID#	Name
HOOD CANAL	TELEPHONE	CO. INC.I	N 					1786	
Instructions: Bloc In block A:	ck A must be com	pleted.							
<ul> <li>If your answer if schedule.</li> </ul>	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M	ADVETS				Computation of
Is the cable syster	n located wholly o					ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,		sabadula [		PLETE THE REM	AINIDED OF I				
	lete blocks B and		DO NOT COM	PLETE THE REIVI	AINDER OF I	-ART O AND T			
				IAGE OF PERI	MITTED DO	)			
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry	
CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jui dule. (Note: Tl	ne 25, 1981. For fonde letter M below r	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	isis on which you o elow pertain to tho irket quota rules [7	se in effect o	n June 24, 198		j tc	
<i>5,</i>	B Specialty stati C Noncommeric	al educational at attached	al station [76.5 65) (see parag	76.59(d)(1), 76.61( 9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	E Carried pursus *F A station pre G Commercial L	ant to individe viously carrie JHF station w	ual waiver of Fed on a part-ting	ne or substitute ba contour, [76.59(d)(	•		erring to 76.61(e)	(5)	
	M Retransmission	on of a distar	it multicast stre	eam.					
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				_	
Line 2: Enter the									
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	ess receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter si	um here						permited/ partially
Line 6: Enter tota	al number of DS	Es from line	3				x		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)	<b></b>		0.00	ฮ แเรนเนตติดกร.

		WNER OF CABLE TELEPHONE		N				S	YSTEM ID# 1786	Name
1. (	CALL	2. PERMITTED		A: TELEVIS	SION MARKETS 2. PERMITTED	S (CONTIN 3. DSE	UED) 1. CALL	2. PERMITTED	3. DSE	6
	IGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of
										Computation of 3.75 Fee
<mark></mark>										
<mark></mark>										
									••••••	
····										
••••										
						•			••••••	
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••••										
			<u> </u>			<u> </u>				

	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:								S	YSTEM ID:	#	
Name	HOOD CANAL	TELEPHON	NE CO. II	NC.IN								1786	6	
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 accounting period and year in 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.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.  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													
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS													
	1. CALL							1. BASIS OF			6. P	ERMITTED	_	
	SIGN	DSE		PE	ERIOD			CARRIAGE	[	DSE		DSE		
				•••••	••••••								••••	
				•••••	••••••									
													••••	
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			······	•••••					<b></b>					
													_	
<b>7</b> Computation of the Syndicated	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	ete blocks locks B and	d C blank	and complete			of the DSE sched						
Exclusivity													_	
Surcharge	Is any portion of the or	cable system v	vithin a top	100 majo	r television ma	rke	t as	defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?		
_	Yes—Complete	hlocks B and	I.C.					No—Proceed to	nart 8					
	Too complete	blooke B arie					_	110 110000010	parto					
	DI OCK Di Ci	orrigge of V/LI	E/Crada B	Contour	Ctations			DI OCI	/ C: Comp	station of Evan	nt DCE			
	BLOCK B: C	arriage of VHI	F/Grade B	Contour	Stations	$\dashv$		BLUCK	C: Compu	itation of Exem	ipi DSE	5		
	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 community served by the cable system prior to March 31, 1972? (reference to former FCC rule 76.159)													
	Yes—List each s	tation below wi	th its approp	oriate pern	nitted DSE			Yes—List each st	tation below	with its appropri	ate permi	tted DSE		
	X No—Enter zero and proceed to part 8.													
	CALL SIGN	DSE	CALL	SIGN	DSE	1		CALL SIGN	DSE	CALL SIG	SN	DSE	l	
	ONLE GIGHT BOL ONLE GIGHT BOL												1	
													,	
									<b>†</b>				l	
									<b>†</b>				ı	
					······				<b>†</b>				ı	
					l				<b>†</b>				ı	
									<del> </del>					
									<del> </del>				,	
		<u> </u>	TOTAL	DSEs	0.00		-			TOTAL DS	Ee.	0.00	l	
			TOTAL	DOES	0.00	1				TOTAL DS	DL3	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: HOOD CANAL TELEPHONE CO. INC.IN	SYSTEM ID# 1786	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,799,358.31	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	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.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X 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?      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 3b blank. NOTE: If the DS	SE.	
	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		
	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		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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 DS 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)	SE	
	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		

	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	ı	HOOD CANAL TELEPHONE CO. INC.IN	1786								
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here.  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.									
8 Computation of Base Rate Fee	You m 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 particle decked "Yes," use the total number of DSEs from part 5.  ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  or answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  or answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  Is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	ow								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS										
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?									
	_	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										
		Enter the amount of gross receipts from space K (page 7)▶ \$									
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (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 <b>4.000 or less</b> , 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	_								
		and in block 3, line 1, space L (page 7)	0.00								
		Base Rate Fee									

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/2

	AME OF OWNER OF CABLE SYSTEM:  CANAL TELEPHONE CO. INC.IN	SYSTEM ID# 1786	Name
	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4	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	<u> </u>	buse rate rec
	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	
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		9
In General	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of
First: D station DSEs a	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	Base Rate Fee and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be able system is wholly located outside all major television markets, complete block A only.	, ,	Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant sta to that community.	tion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. per group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups.	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys section:	tem's subscriber	
• Identif	y the communities/areas represented by each subscriber group.		
	ne call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al pers in the group.	I of the	
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i f this schedule; or,	n parts 2, 3,	
2) any p	contion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	block B,	
• Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general i paper SA3 form.	nstructions	
page. I	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (th or that group's complement of stations and total gross receipts from the subscribers in that group). You do not ne	at is, the total	

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

actual calculations on the form.

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1786 **HOOD CANAL TELEPHONE CO. INC.IN** 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 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 Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OW HOOD CANAL T						S	YSTEM ID# 1786	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	EA		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
						 		Exclusivity
								Surcharge
					·····	-		for Partially
								Distant
			····		•••••	<del> </del>		Stations
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	-A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-		<del> </del>		
						-		
			····			-		
				-		<del> </del>		
							<u></u>	
						<del>                                     </del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add	I the <b>base ra</b>	te fees for each subs	scriber group	as shown in the boxe	s above.			
Enter here and in blo			. J P		-	\$	0.00	

	I SUBSCRIBER GRO		TE FEES FOR EAC	SIXTH	RIBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			COMMUNITY/ ARE		I SUBSCRIBER GROU	JP	
	II call sice	0	IICOMMUNITY/ ARE			_	9
	II OALL OLON			Α		0	Computation
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate I
							and
							Syndicate Exclusivit
	<del>-</del>	<del></del>					Surcharg
							for
							Partially
							Distant Stations
		···	·				Stations
-t-I DOE-	Ц	0.00	T-4-LDOF-		П	0.00	
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTH	I SUBSCRIBER GRO	UP		EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<del></del>	-			<u> </u>	
						<u> </u>	
		····				<u> </u>	
		···	·				
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
						<del></del>	
	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third Group	<u>*</u>			•	L'		

CALL SIGN   DSE   CALL SIGN	LEGAL NAME OF OW HOOD CANAL 1						S	YSTEM ID# 1786	Name
COMMUNITY/ AREA					ATE FEES FOR EAC				
CALL SIGN   DSE   CALL SIGN	COMMUNITY/ ARE				COMMUNITY/ ARE.		. SOBOOTIBEIT GIVO		9 Computation
and Syndicate Sections Survivals Sur	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicate Executive Secretary  Total DSEs  O.00  Gross Receipts First Group  Base Rate Fee First Group  CALL SIGN  DSE  DSOMMUNITY/ AREA  DO  DSOMMUNITY/ AREA  DO  DSOMMUNITY/ AREA  DO  DSOMMUNITY/ AREA  DO  DSE  CALL SIGN  DSE  CALL SIGN  DSE  DSOMMUNITY/ AREA  DO  D									Base Rate Fee
Exclusive Secretary Station  Total DSEs  Coross Receipts First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE				<u></u>					and Syndicated
Total DSEs									Exclusivity
Partial Distant Station  Total DSEs									Surcharge
Total DSEs  Gross Receipts First Group  Base Rate Fee First Group  CALL SIGN  DSE  CALL SIGN				<mark></mark>		·····			
Total DSEs  Gross Receipts First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  D									Distant
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  Base Rate Fee Second Group  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									Stations
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  Base Rate Fee Second Group  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  Base Rate Fee Second Group  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN	Total DSEs		!	0.00	Total DSEs	<u>.</u>		0.00	
Base Rate Fee First Group \$ 0.00  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0  CALL SIGN DSE CA		t Group	\$			ond Group	<b>\$</b>		
ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE		. О. оцр	<u> </u>			она оноар			
COMMUNITY/ AREA  O CALL SIGN  DSE CALL	Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE			SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
Total DSEs Gross Receipts Third Group  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00	COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				<u></u>					
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				<del></del>					
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs		II	0.00	
Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		d Group	•			rth Group	<u> </u>		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	STOOD RECOUPED THE	- 0.0up	·	<u> </u>	- Stock Receipts Fou	Отоар	*		
	Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Enter here and in block 3, line 1, space L (page 7)				criber group	as shown in the boxe	s above.	\$		

	NE CO. INC.IN				3	YSTEM ID# 1786	Name
BLOCK A	COMPUTATION O	F BASE RA	ATE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
	H SUBSCRIBER GRO		††		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
					. -		Syndicat
				·····			Exclusiv
				·····			Surcharg for
		····					Partiall
		···					Distant
							Station
						····	
		0.00			1	0.00	
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTEENT	H SUBSCRIBER GRO	)UP		SIXTEENTH	I SUBSCRIBER GROU	JP	
			<b>!!</b>	0.,			
COMMUNITY/ AREA		0	COMMUNITY/ ARE	:A		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α			
COMMUNITY/ AREA  CALL SIGN DSE	CALL SIGN	DSE	COMMUNITY/ ARE	DSE	CALL SIGN		
	CALL SIGN				CALL SIGN	0	
	CALL SIGN				CALL SIGN	0	
	CALL SIGN				CALL SIGN	0	
	CALL SIGN				CALL SIGN	0	
	CALL SIGN				CALL SIGN	0	
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CALL SIGN DSE	CALL SIGN				CALL SIGN	0	
	CALL SIGN				CALL SIGN	0	
	CALL SIGN				CALL SIGN	0	
CALL SIGN DSE	CALL SIGN				CALL SIGN	0	
CALL SIGN DSE		0.00	Total DSEs	DSE		0 DSE	
	CALL SIGN	DSE	CALL SIGN	DSE	\$	DSE	

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
				TE FEES FOR EAC				
SEVE COMMUNITY/ AREA	NTEENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ ARE		SUBSCRIBER GROU	UP <b>0</b>	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIN	DOL	CALE GIGIN	DOL	OALE GIGIN	DOL	GALL GIGIT	DOL	Base Rate Fee
								and
						 		Syndicated
		<u> </u>	<u></u>			-		Exclusivity Surcharge
								for
								Partially
	<u></u>	<b> </b>						Distant Stations
		<u> </u>						
	···					<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NI	INTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	<u> </u>						
	<del></del>		······································					
	···	<b>-</b>				-		
	<u></u>	<b>-</b>	······································					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

	ABLE SYSTEM: ONE CO. INC.IN				S	YSTEM ID# 1786	Name
BLOCK /	A: COMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCR	RIBER GROUP		
	ST SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	:A		0	Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicate Exclusivi
		••••	1				Surcharg
							for
							Partially
							Distant
				·····		<u></u>	Stations
			1				
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
TWENTY-THIF	D SUBSCRIBER GRO	OUP	TWE	NTY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				·····			
		••••		•••••		<u></u>	
			-				
			·				
						<u></u>	
Fotal DSEs		0.00	Total DSEs			0.00	
	<b>\$</b>	0.00	Total DSEs Gross Receipts Fou	urth Group	<b>\$</b>	0.00	
Fotal DSEs Gross Receipts Third Group	\$			urth Group	\$	_	

LEGAL NAME OF OW HOOD CANAL 1						S	YSTEM ID# 1786	Name
TWI		COMPUTATION OI SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	LIP	
COMMUNITY/ ARE			0	COMMUNITY/ AREA		- CODOCIADENT ONC	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	·····							and Syndicated
								Exclusivity
		-						Surcharge
		<u> </u>		-				for Partially
								Distant
					<u>.</u>			Stations
					·····			
				.				
			<u> </u>		·····			
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
-								
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii –		SUBSCRIBER GRO		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
	·····							
	·····		<u> </u>		·····			
			<u> </u>					
	·····							
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
	- 2015	·			- · P			
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		
	,	(F-90)				•		

INC.IN 1786	Name
TATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
RIBER GROUP THIRTIETH SUBSCRIBER GROUP	9
0 COMMUNITY/ AREA 0 Col	Computa
SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
Bas	Base Rate
	and
	Syndica
	Exclusiv Surchar
	for
F	Partial
	Distan
	Station
0.00 Total DSEs	
0.00 Gross Receipts Second Group \$ 0.00	
0.00 Base Rate Fee Second Group \$ 0.00	
RIBER GROUP THIRTY-SECOND SUBSCRIBER GROUP	
0 COMMUNITY/ AREA 0	
SIGN DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	
0.00         Total DSEs         0.00           0.00         Gross Receipts Fourth Group         \$         0.00	

	1786	S						HOOD CANAL TE
		IBER GROUP	I SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	Bl
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU	ry-third	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate Exclusivit							<mark>.</mark>	
Surcharg								
for								
Partially								
Distant Stations	<u></u>							
Stations	<u></u>		······································				·	
							<mark>.</mark>	
	<u></u>		······································					
	0.00	<del>!                                    </del>		Total DSEs	0.00			Γotal DSEs
		•						
	0.00	\$	ia Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	<b>3ase Rate Fee</b> First G
	JP	SUBSCRIBER GROU	RTY-SIXTH	THI	JP	SUBSCRIBER GROU	TY-FIFTH	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	Total DSEs	0.00	CALL SIGN	DSE	
		CALL SIGN				S S		Total DSEs Gross Receipts Third C

LEGAL NAME OF OW HOOD CANAL T						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROI	UP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	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	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP <b>0</b>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW HOOD CANAL T						S	YSTEM ID# 1786	Name
				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA		SUBSCRIBER GROI	UP <b>0</b>	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
					<u></u>			and
	·····				<del></del>			Syndicated Exclusivity
								Surcharge
		 			<u></u>			for
								Partially Distant
		-						Stations
		<u></u>						
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	<b>e</b>	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Gross Neceipis i lisi	Gloup	\$	0.00	Gloss Neceiples Seco	ila Group	*	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		iii .		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		 			<u></u>			
					<del> </del>			
		-						
				-				
					<u></u>			
		-			<u></u>			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	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	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU	JP 0	ii —		1 SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	I Group	<u> </u>	0.00	Total DSEs	h Group	e	0.00	
Gross Receipts Third	і Эгоир	\$	0.00	Gross Receipts Fourt	ıı Gıoup	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

OWNER OF CABLE SYSTEM:  L TELEPHONE CO. INC.IN  1786	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
FORTY-NINTH SUBSCRIBER GROUP FIFTIETH SUBSCRIBER GROUP	9
REA	Computation
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
B	Base Rate F
	and
	Syndicate
	Exclusivit Surcharge
	for
	Partially
	Distant
<u></u>	Stations
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP	
REA 0 COMMUNITY/ AREA 0	
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
<u></u>	
<u></u>	
0.00 Total DSEs 0.00	

IOOD CANAL TELEPH	ABLE SYSTEM: ONE CO. INC.IN				S	YSTEM ID# 1786	Name
BLOCK	A: COMPUTATION (	OF BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RD SUBSCRIBER GR		††		SUBSCRIBER GROU		9
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
				·····		····	Syndicate
······					-		Exclusivi Surcharg
							for
							Partially
							Distant
						·····	Stations
······							
				•••••	•		
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-FIF	TH SUBSCRIBER GR	OUP		FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
······							
				•••••			
······							
				•••••	•		
otal DSEs		0.00	Total DSEs			0.00	
	_	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Gross Receipts Third Group	\$	0.00		•			
	\$	0.00				<del></del>	

LEGAL NAME OF OW HOOD CANAL T						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		it .	TY-EIGHTH	RIBER GROUP I SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	Α		0	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		11	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
	. С. Сир				эна Эгоар			
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
F COMMUNITY/ AREA		SUBSCRIBER GRO	JP <b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP <b>0</b>	
COMMONT IT AREA	~			COMMONT IT AREA	·			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third	d Group	•	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	
Orosa Necelhia IIIII	и Эгоир	\$	0.00	Oloss Necelpls Poul	ur Group	4	3.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

	BLE SYSTEM: NE CO. INC.IN				S	1786
			ATE FEES FOR EAC			
	T SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<del></del>				
		<mark></mark>				
	•	···	· · · · · · · · · · · · · · · · · · ·		-	
		···				
5-4-LD05-		0.00	T-4-1 DOE-			0.00
Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
SIXTY-THIRE	SUBSCRIBER GRO	)UP	SIX	TY-FOURTH	SUBSCRIBER GROU	JP
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
	-11	DOF	CALL SIGN	DOE	1	
CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	USE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	USE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	USE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	USE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	DSE
	\$				\$	

HOOD CANAL TELEPHON	LE SYSTEM: NE CO. INC.IN				S	1786	Name
BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
	SUBSCRIBER GRO		<b>††</b>		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
					 		and
	H			<del></del>	-		Syndicat Exclusiv
			·	·····	-		Surchar
							for
	H						Partial
	H				-		Distan Station
		···		····	-		Otation
					-		
	-			<u>.</u>			
	<u> </u>	···		····			
otal DSEs	<del>!</del>	0.00	Total DSEs		!!	0.00	
	•	0.00		and Canalia	•	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
SIVTV SEVENTU	OLIDOODIDED ODO		<b>*</b>				
SIXTT-SEVENTH	SUBSCRIBER GRO	UP	SIX	(TY-EIGHTH	SUBSCRIBER GROU	JP	
	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	
	CALL SIGN		111		CALL SIGN		
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE		0	COMMUNITY/ AREA			0	
CALL SIGN DSE  CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	
COMMUNITY/ AREA	CALL SIGN	0.00	CALL SIGN  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN DSE	CALL SIGN	0.00	CALL SIGN  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  SIXTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  COMMUNITY/ AREA  DO  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SI	0 9 Computati
COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DS	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN D  CALL SIGN DSE CALL SIGN DSE CALL SIGN D  CALL SIGN DSE CALL SIGN DSE CALL SIGN D  CALL SIG	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN D  CALL SIGN DSE CAL	Lombutati
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.  SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	Base Rate
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.  SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	and
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA	Syndicate Exclusivi
Gross Receipts First Group \$ 0.00  Gross Receipts Second Group \$ 0.  Base Rate Fee First Group \$ 0.00  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA	Surcharg
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA	for
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA	Partially
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.  SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	Distant Stations
Gross Receipts First Group \$ 0.00  Gross Receipts Second Group \$ 0.  Base Rate Fee First Group \$ 0.00  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00  Gross Receipts Second Group \$ 0.  Base Rate Fee First Group \$ 0.00  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.  SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.  SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  COMMUNITY/ AREA	
SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  COMMUNITY/ AREA  COMMUNITY/ AREA	<u>0</u>
COMMUNITY/ AREA 0 COMMUNITY/ AREA	<u>o</u>
CALL SIGN DSE CALL SIGN DSE CALL SIGN D  CALL SIGN DSE CALL SIGN D  CA	
Total DSEs 0.00 Total DSEs 0.	0_
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.	
	0
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.	<u>o</u>

LEGAL NAME OF OWN						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	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	<del>'</del>	.1	0.00	Total DSEs	!	-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
SEVE COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	SEVI		SUBSCRIBER GRO	UP <b>0</b>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

O COMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN DSE  Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 Total DSEs  O.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00	DSE CALL SIGN	SEVENTY-EIGHTH COMMUNITY/ AREA  CALL SIGN DSE	0 0	SUBSCRIBER GRO	SEVENTH	
O COMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN DSE  Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 Total DSEs  O.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00	DSE CALL SIGN	CALL SIGN DSE	0			COMMUNITY/ AREA
DSE   CALL SIGN   DSE   CALL SIGN   DSE	DSE CALL SIGN	CALL SIGN DSE			1	
DSE   CALL SIGN   DSE   CALL SIGN   DSE   Base Rate Fe and   Syndicated   Exclusivity   Surcharge   for   Partially   Distant   Stations   St	DSE CALL SIGN	CALL SIGN DSE	DSE		1	
and   Syndicated   Exclusivity   Surcharge   for   Partially   Distant   Stations   Stations	Group \$	otal DSEs				
Syndicated   Exclusivity   Surcharge   for   Partially   Distant   Stations	Group \$	otal DSEs				
Exclusivity   Surcharge   for   Partially   Distant   Stations	Group \$	otal DSEs				
Surcharge   for   Partially   Distant   Stations	Group \$	otal DSEs				
	Group \$	otal DSEs				
0.00         Total DSEs         0.00           0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00	Group \$	otal DSEs				
0.00         Total DSEs         0.00           0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00	Group \$	otal DSEs				
0.00         Total DSEs         0.00           0.00         Gross Receipts Second Group         \$ 0.00           Base Rate Fee Second Group         \$ 0.00	Group \$	otal DSEs				
0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00	Group \$	otal DSEs			. <mark>.</mark>	
0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00	Group \$	otal DSEs				
0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00	Group \$	otal DSEs				
0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00	Group \$	otal DSEs				
0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00	Group \$	otal DSEs				
0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00	Group \$	otal DSEs				
0.00 Base Rate Fee Second Group \$ 0.00	Group \$		0.00			Total DSEs
		Gross Receipts Second Group	0.00	\$	roup	Gross Receipts First Gr
OUP EIGHTIETH SUBSCRIBER GROUP	Group \$	Base Rate Fee Second Group	0.00	\$	roup	<b>Base Rate Fee</b> First Gr
	SHTIETH SUBSCRIBER GROU	EIGHTIETH	UP	SUBSCRIBER GRO	TY-NINTH	SEVENT
0 COMMUNITY/ AREA 0						COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	DSE CALL SIGN	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN
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				-		
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0.00   Total DSEs		intal DSEs	0.00			Total DSEs
			_			Total DSEs
0.00 Gross Receipts Fourth Group \$ 0.00	Froup \$	Fross Receipts Fourth Group	0.00	\$	eroup	Gross Receipts Third G
0.00 Base Rate Fee Fourth Group \$ 0.00	sroup \$	Base Rate Fee Fourth Group	0.00	\$	Group	Base Rate Fee Third G

CALL SIGN   DSE	<b>9</b> Computation of sase Rate Fand Syndicate Exclusivities Surcharge for Partially Distant Stations
COMMUNITY/ AREA   0	of ase Rate F and Syndicate Exclusivit Surcharge for Partially Distant
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base  Total DSEs  One of the first Group  Base Rate Fee First Group  Separate Fee First Group  Base Rate Fee First Group  Separate Fee Second Group  Separate Fee First	of ase Rate F and Syndicate Exclusivit Surcharge for Partially Distant
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group \$ 0.00  EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AR	of ase Rate F and Syndicate Exclusivit Surcharge for Partially Distant
Sy Ex St.  Total DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 EIGHTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	and Syndicate Exclusivit Surcharge for Partially Distant
Total DSEs O.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Syndicate Exclusivit Surcharge for Partially Distant
Total DSEs O.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Exclusivit Surcharge for Partially Distant
	for Partially Distant
Total DSEs	for Partially Distant
Total DSEs	Distant
Total DSEs	
Total DSEs	Stations
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 COMMUNITY/ AREA	
Base Rate Fee First Group \$ 0.00  EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0	
EIGHTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Total DSEs 0.00 Total DSEs 0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

LEGAL NAME OF OW HOOD CANAL T						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	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
							<u></u>	
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
	С.ОЦР	<u>·</u>			ona Oroap			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHT' COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	EIGH COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY AREA	*		U	COMMONT 17 AREA	······································			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>.</u>		<u></u>	
		ļ					<u></u>	
							<u></u>	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
C. 555 Rescipto Tille	. 0.0up	•	<u> </u>	- 1000 Receipts Four	ar Group	*	3.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OW HOOD CANAL T						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				.			<u> </u>	Base Rate Fee and
								Syndicated
				-				Exclusivity Surcharge
								for
								Partially Distant
		-						Stations
							<u></u>	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
		SUBSCRIBER GROU		III		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROI	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee and
		-						Syndicated
				-				Exclusivity Surcharge
								for
								Partially
								Distant Stations
		-						
Total DSEs			0.00	Total DSEs	_	11	0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
·	·				•			
Base Rate Fee First (		\$	0.00	Base Rate Fee Seco		\$	0.00	
NINI COMMUNITY/ AREA	ETY-FIFTH	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP <b>0</b>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW HOOD CANAL T						S	YSTEM ID# 1786	Name
NINET	Y-SEVENTH	COMPUTATION OF SUBSCRIBER GRO	JP	it .	TY-EIGHTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA	······		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-	<u> </u>			Base Rate Fee and
					<u></u>			Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	JP <b>0</b>	ONE HI		SUBSCRIBER GRO	UP <b>0</b>	
COMMONTI IT AREA	············			COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
						-		
					<u></u>			
					<u></u>			
					<u></u>			
					<u></u>			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	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	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	-	\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDI		SUBSCRIBER GROU	)P <b>0</b>	ONE HUNDRE		I SUBSCRIBER GRO	UP <b>0</b>	
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	I Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW HOOD CANAL T						S	YSTEM ID# 1786	Name
ONE HUND	ORED FIFTH	COMPUTATION OF SUBSCRIBER GROU	JP	11	RED SIXTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
			<u></u>					Surcharge for
		-						Partially
								Distant Stations
								Otations
		-						
			<u>.</u>		····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
		SUBSCRIBER GRO		iii —		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	·······		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
			<u> </u>		····			
		-						
			<u></u>					
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base  Syn Exc Sur	
COMMUNITY/ AREA  O COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  Base  Syn  Exc  Sur  Pa	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base  Syn Exc Sur	9
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base  Syn Exc Sur	ອ nputatio
Syn Exc Sur	of
Syn Exc Sur	Rate F
Exc Sur	and
Sur Pa	clusivity
Pa	rcharge
Di	for
	artially
St.	Distant
	tations
Total DSEs         0.00         Total DSEs         0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
ONE HUNDRED ELEVENTH SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
<u></u>	
Total DSEs         0.00         Total DSEs         0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

Name	YSTEM ID# 1786	S						LEGAL NAME OF OWNE HOOD CANAL TEI
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	IRTEENTH	ONE HUNDRED FOL		SUBSCRIBER GRO	RTEENTH	ONE HUNDRED THIS
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate	<u></u>							
Exclusivity Surcharge								
for				••••••		-		
Partially								
Distant						<u> </u>		
Stations								
	<u></u>							
	····					<b></b>		
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>3ase Rate Fee</b> First Gi
	JP	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GRO	TEENTH	ONE HUNDRED FIF
	COMMUNITY/ AREA 0							COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	····							••••••
	<u></u>							
	<u></u>							
	<u></u>							
				Total DSEs	0.00		l	otal DSEs
	0.00			ll .				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

LEGAL NAME OF OWNE HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
	···		<u> </u>	-	·····			for Partially
	···				·····			Distant
				·	••••			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<mark></mark>					
	··		······································					
Total DSEs			0.00	Total DSEs		II	0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.300 Noscipio mila	oup			C1000 1 1000 pto 1 00	Отоир	<del>*</del>		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP  SUBSCRIBER GROUF	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		- GODOGNIDZIN GINOGI	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<del></del>			and Syndicated
								Exclusivity
								Surcharge
	<u></u>				<del></del>			for Partially
					<u></u>			Distant
								Stations
					<u></u>			
					<del></del>			
	<u></u>				<u></u>			
Total DSEs			0.00	Total DSEs		Ц	0.00	
							-	
Gross Receipts First 0	eroup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-FOURTH	I SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>				<del></del>			
		-						
					<u></u>		<u></u>	
					<del></del>			
	···				<del></del>			
					<u></u>			
	···				<del></del>			
Total DSEs			0.00	Total DSEs	1	11	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROU	Р			SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			···					Base Rate Fe
	···		···					Syndicated
	···		····					Exclusivity
								Surcharge
								for
								Partially
	···		<u></u>	-	·····			Distant Stations
				·				Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TWI	ENTY-EIGHTH	I SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···		<del></del>					
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		-						
	···		···					
	···				••••			
	···				····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	I-							
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	he <b>base rat</b>	re fees for each subs		Base Rate Fee Fou		\$	0.00	

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
E	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRE	ED THIRTIETH	SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
	<del></del>							Syndicated
	····		<del></del>	·				Exclusivity Surcharge
	···	-			••••			for
								Partially
								Distant
								Stations
		<b>-</b>						
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROU	 Р	ONE HUNDRED THI	RTY-SECONE	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	···	<b>-</b>			••••			
		-						
			<del>  </del>					
	···	-	···					
	···	-			••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•					-		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
E	BLOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU	Р	H		H SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		<b></b>						and Syndicated
				· · · · · · · · · · · · · · · · · · ·				Exclusivity
								Surcharge
								for
					<u></u>			Partially
			<u></u>		·····			Distant Stations
	····	-	<del></del>	·	·····			Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED TH	IIRTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>		·····			
	····		<del></del>					
		-						
					<u></u>			
	····	<u> </u>	<del></del>		······			
			<u></u>		•••••			
			<u></u>					
					·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 1786	Name
В	LOCK A: (	COMPUTATION O	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROU		H		I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
	·-		<u></u>		·····			Syndicated Exclusivity
								Surcharge
								for
								Partially
			<u></u>					Distant
	···		<u> </u>		·····			Stations
			<del> </del>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-NINTH	SUBSCRIBER GROU	)	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<u>-</u>	-			····	
	·-		<u> </u>		·····			
			<del> </del>		•••••			
			<u></u>					
	···		<u> </u>		·····			
			<del>.  </del>		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	• • p	[ <del>*</del>	0.00		C.3up	Į <del>*</del>	3.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE HOOD CANAL TEL						S	YSTEM ID# 1786	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
3.122.51511								Base Rate Fee
								and
								Syndicated
								Exclusivity
		-			<del></del>			Surcharge
					···	-		for Partially
						-		Distant
								Stations
		-						
		-			<del></del>	-		
					···	<del>                                     </del>	····	
Total DSEs	<del> </del>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP	)	ONE HUNDRED FOR	RTY-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
						-		
						-	····	
			-					
		-				-	<del></del>	
						<del> </del>		
					<del> </del>		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW HOOD CANAL T						S	YSTEM ID# 1786	Name
ONE HUNDRED F	ORTY-FIFTH	COMPUTATION OF SUBSCRIBER GROUP		it .	ORTY-SIXTH	RIBER GROUP I SUBSCRIBER GROUF	)	9
COMMUNITY/ AREA	······		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
								Exclusivity
		-			<u></u>			Surcharge for
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROUP	ı	ONE HUNDRED FO	RTY-EIGHTI	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	0			
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE HOOD CANAL TE						S	YSTEM ID# 1786	Name
				TE FEES FOR EAC				
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

HOOD CANAL TE						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
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Total DSEs			0.00	Total DSEs		Ц	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	O.00p				a G.Gup			
Base Rate Fee First (		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED FI		SUBSCRIBER GROU	JP <b>0</b>	ONE HUNDRED F		I SUBSCRIBER GRO	UP <b>0</b>	
COMMONT IT AREA				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
E	BLOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROU		TT .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-NINTH	SUBSCRIBER GROU	Р	ONE HUND	RED SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

				TE FEES FOR EAC			IID	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	e e	0.00	Base Rate Fee Sec	and Group	\$	0.00	
ase Nate 1 ee 1 ii 3i	Огоир	\$	0.00	Base Nate i ee occ	ona Group	P	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ ARE	······		0	COMMUNITY/ ARE	Α		0	
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otal DSEs			0.00	Total DSEs			0.00	
otal DSEs				Total DSEs		-		
Fross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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ase Rate Foot Add	the hace ro	to foos for each sub-	scriber aroun	as shown in the boxe	s ahove		<del></del>	

Name	YSTEM ID# 1786	S`						HOOD CANAL TE
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Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP				UP			
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROI	SEVENTH	CALL SIGN
	DSE  DSE  0.00	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	DSE	SUBSCRIBER GROI	SEVENTH	CALL SIGN
	JP 0 DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROI	DSE	COMMUNITY/ AREA

Mana	YSTEM ID# 1786							LEGAL NAME OF OWNE HOOD CANAL TE
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9		SUBSCRIBER GROU	TENTH	00144		SUBSCRIBER GROU	NINTH	001414111111111111111111111111111111111
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	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
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HOOD CANAL TELEPHO	BLE SYSTEM: NE CO. INC.IN					1786	Name
	: COMPUTATION C						
	H SUBSCRIBER GRO				SUBSCRIBER GRO		9
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otal DSEs		0.00	Total DSEs			0.00	
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SYSTEM ID# 1786 Name						LEPHON	HOOD CANAL TE
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HOOD CANAL TELEPHO	BLE SYSTEM: NE CO. INC.IN					1786	Name
			TE FEES FOR EACH				
	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computation
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	JP 0 DSE	SUBSCRIBER GROU	DSE	FIFT COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	FIF COMMUNITY/ AREA  CALL SIGN
	DSE O.00	SUBSCRIBER GROU	DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs

786 Name	SYSTEM					E CO. INC.IN		LEGAL NAME OF OWNE HOOD CANAL TE
				TE FEES FOR EACH				
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00	<b>O</b>	\$ SUBSCRIBER GRC	1 Group TY-SIXTH	Base Rate Fee Second FIF COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
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Name	YSTEM ID# 1786							LEGAL NAME OF OWNE HOOD CANAL TE
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	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TY-NINTH	FIF <sup>*</sup> COMMUNITY/ AREA
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## **Nonpermitted 3.75 Stations**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SIXTY-FIRST SUBSCRIBER GROUP SIXTY-SECOND SUBSCRIBER GROUP	
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0.00 Total DSEs 0.00	
eipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Great New Great	
Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
SIXTY-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP	
TY/ AREA 0 COMMUNITY/ AREA 0	
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0.00 Total DSEs 0.00	
eipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	

Mana	YSTEM ID# 1786					E CO. INC.IN		LEGAL NAME OF OWNE HOOD CANAL TE
				TE FEES FOR EACH				
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
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Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-FIRST	SUBSCRIBER GRO	DUP	SEVEN	TY-SECOND	SUBSCRIBER GRO	UP	
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6 Name	YSTEM ID# 1786							LEGAL NAME OF OWNE HOOD CANAL TE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	'-FOURTH			SUBSCRIBER GROU	TY-THIRD	
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<u>-</u>	JP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIFTH	SEVEN
<u>-</u>	JP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIFTH	SEVEN
<u>-</u>	JP <b>0</b>	SUBSCRIBER GROU	ITY-SIXTH	SEVEI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIFTH	SEVEN
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	YSTEM ID# 1786							HOOD CANAL TE
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	UP <b>0</b>	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU		
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	0			COMMUNITY/ AREA	0		TY-NINTH	COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0		TY-NINTH	COMMUNITY/ AREA
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	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN

LEGAL NAME OF OWNER OF CA HOOD CANAL TELEPHO					S	3YSTEM ID# 1786	Name
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	ST SUBSCRIBER G		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computati
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Total DSEs		0.00	Total DSEs		11	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHTY-THIF	RD SUBSCRIBER G	ROUP	EIGH	ITY-FOURTH	I SUBSCRIBER GRO	UP	
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SYSTEM ID# 1786 Name				E CO. INC.IN	ER OF CABL	HOOD CANAL TE
EACH SUBSCRIBER GROUP		1				
EIGHTY-SIXTH SUBSCRIBER GROUP  ARFA  0  9				SUBSCRIBER GROU	ITY-FIFTH	
Computation		COMMUNITY/ ARE	0			COMMUNITY/ AREA
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Second Group \$ 0.00  EIGHTY-EIGHTH SUBSCRIBER GROUP  AREA 0	ITY-EIGHTH	EIGI COMMUNITY/ ARE.	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
Second Group \$ 0.00  EIGHTY-EIGHTH SUBSCRIBER GROUP  AREA 0	ITY-EIGHTH	EIGI COMMUNITY/ ARE.	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
Second Group \$ 0.00  EIGHTY-EIGHTH SUBSCRIBER GROUP  AREA 0	ITY-EIGHTH	EIGI COMMUNITY/ ARE.	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
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Second Group \$ 0.00  EIGHTY-EIGHTH SUBSCRIBER GROUP  AREA 0	ITY-EIGHTH	EIGI COMMUNITY/ ARE.	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
Second Group \$ 0.00  EIGHTY-EIGHTH SUBSCRIBER GROUP  AREA 0	ITY-EIGHTH	EIGI COMMUNITY/ ARE.	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
Second Group \$ 0.00  EIGHTY-EIGHTH SUBSCRIBER GROUP  AREA 0	ITY-EIGHTH	EIGI COMMUNITY/ ARE.	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
Second Group \$ 0.00  EIGHTY-EIGHTH SUBSCRIBER GROUP  AREA 0	ITY-EIGHTH	EIGI COMMUNITY/ ARE.	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
Second Group \$ 0.00  EIGHTY-EIGHTH SUBSCRIBER GROUP  AREA 0  DSE CALL SIGN DSE  DSE CALL SIGN DSE  0.00	DSE	EIGI COMMUNITY/ ARE.	JP 0	SUBSCRIBER GROU	DSE	EIGHTY-S COMMUNITY/ AREA  CALL SIGN  Total DSEs
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LEGAL NAME OF OWNE HOOD CANAL TEI						S	YSTEM ID# 1786	Name
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
Orosa receipta i iist Oi	Ιουρ	<del>*</del>	0.00	Oross receipts occ	ona Oroup	Ψ	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECONI	SUBSCRIBER GRO	UP	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
<b>Base Rate Fee</b> Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

Name	1786					E CO. INC.IN	LEPHON	HOOD CANAL TEI
	ID			TE FEES FOR EACH				
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NI	YSTEM ID# 1786	S						LEGAL NAME OF OWNE HOOD CANAL TEL
-	ID			TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	Y-EIGHTH	COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	BEVENTH	COMMUNITY/ AREA
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0	YSTEM ID# 1786							LEGAL NAME OF OWNE HOOD CANAL TE
				TE FEES FOR EACH				
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	UP <b>0</b>	SUBSCRIBER GROU	FOURTH	ONE HUNDRE	JP <b>0</b>	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
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LEGAL NAME OF OWNER HOOD CANAL TELE			•			S	YSTEM ID# 1786	Name
				TE FEES FOR EACH				<u> </u>
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Grou	цр	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Grou	qı	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED SE	VENTH:	SUBSCRIBER GROU	JP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROU	JP	
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BLOCK A: C	E SYSTEM: E CO. INC.IN				S'	YSTEM ID# 1786	Name
ONE HUNDRED NINTH S			TE FEES FOR EACH				
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COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computatio
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Fotal DSEs		0.00	Total DSEs	•		0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED ELEVENTH S	SUBSCRIBER GROU	Р	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs			0.00	
•	\$	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00	
Total DSEs Gross Receipts Third Group  Base Rate Fee Third Group	\$	_			\$		

O COMMUNITY/ AREA O Computation CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate F and Syndicate Exclusivit Surcharg for Partially Distant	LEGAL NAME OF OWNER OF CAR HOOD CANAL TELEPHO						YSTEM ID# 1786	Name
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00  S 0.00  Base Rate Fee Second Group \$ 0.00  COMMUNITY/ AREA 0  COMMUNITY/ AREA 0  Computation of Sea Rate Fee Second Group \$ 0.00  COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSE 0.00  COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSE 0.00  COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSE 0.00  COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSE 0.00  CALL SIGN DSE 0.00  CALL SIGN DSE 0.00  CALL SIGN DSE 0.00  COMMUNITY/ AREA 0  COMMUNITY								
CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Base Rate Face Second Group   D.00   COMMUNITY/ AREA   D.00   COMMUNITY/ AREA   D.00   CALL SIGN   DSE   CALL SIGN   D	ONE HUNDRED THIRTEENTH	I SUBSCRIBER GROUP		11		I SUBSCRIBER GROU		Q
CALL SIGN   DSE   CALL SIGN   DSE   Base Rate   Base Rate   Syndicate   Exclusivity   Surcharge for   Partially   Distant   Stations   Statio	COMMUNITY/ AREA		0	COMMUNITY/ AREA				_
	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicate Exclusivity Surcharge for Partially Distant Stations								Base Rate F
CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE					<u></u>			
Distant Stations					<u> </u>			
0.00   Total DSEs   0.00   S								Partially
0.00   Total DSES   0.00								Distant
\$ 0.00  Base Rate Fee Second Group \$ 0.00  H SUBSCRIBER GROUP  ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  O.00  Total DSES  O.00					<u> </u>			Stations
\$ 0.00  Base Rate Fee Second Group \$ 0.00  H SUBSCRIBER GROUP  ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  O.00  Total DSES  O.00								
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\$ 0.00  Base Rate Fee Second Group \$ 0.00  H SUBSCRIBER GROUP  ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  O.00  Total DSES  O.00								
S 0.00 Base Rate Fee Second Group S 0.00  H SUBSCRIBER GROUP ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  O.00 Total DSEs 0.00	Total DSEs		0.00	Total DSEs			0.00	
H SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN	Gross Receipts First Group	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
H SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN	Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	•	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN			-				•	
CALL SIGN DSE CALL SIGN DSE  CALL SI		1 SUBSCRIBER GROUP		ii		I SUBSCRIBER GROU	_	
	COMMUNITY/ AREA		U	COMMUNITY/ AREA			U	
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	Total DSEs		0.00	Total DSFs			0.00	
Total Group Street Fourth Group Street Group		¢			h Craus	e e	•	
	Gross Receipts Third Group	<u>a</u>	0.00	Gioss Receipts Fourt	і	<u>*</u>	0.00	
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Name	YSTEM ID# 1786	S'						HOOD CANAL TE
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: C	Bl
9		SUBSCRIBER GROUP	GHTEENTH			SUBSCRIBER GROUP	ENTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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7	0.00		-	Total DSEs	0.00		-	Total DSEs
	0.00			Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Gross receipts occor				
		\$		Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First G
=	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU		
=	0.00	\$	d Group	Base Rate Fee Secon				ONE HUNDRED NIN
=	0.00 0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Dase Rate Fee Secon  ONE HUNDRED TO  COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
= - -	0.00 0.00	\$	d Group	Base Rate Fee Secon	JP			ONE HUNDRED NIN
= - -	0.00 0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Dase Rate Fee Secon  ONE HUNDRED TO  COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
= - - - -	0.00 0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Dase Rate Fee Secon  ONE HUNDRED TO  COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
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	0.00 0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Dase Rate Fee Secon  ONE HUNDRED TO  COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	0.00 0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Dase Rate Fee Secon  ONE HUNDRED TO  COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
	0.00  0.00  JP  0 DSE	\$ SUBSCRIBER GROU	d Group VENTIETH  DSE	Base Rate Fee Secon  ONE HUNDRED TO  COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	ONE HUNDRED NIN

HOOD CANAL TE		LE SYSTEM: IE CO. INC.IN				S	1786	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP	>	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
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		<u>, L</u>				<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	•							
Base Rate Fee First 0	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
	Group	S S			rth Group	S		
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Third	Group	\$			rth Group	\$		
		\$ \$			·	\$		
Gross Receipts Third		\$	0.00	Gross Receipts Fou	·		0.00	

	YSTEM ID# 1786	S					R OF CABL	HOOD CANAL TE
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	Bl
9	1	SUBSCRIBER GROUP	NTY-SIXTH	ONE HUNDRED TWI	)	SUBSCRIBER GROUP	NTY-FIFTH	ONE HUNDRED TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		 						
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	0.00		•	Total DSEs	0.00		-	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>3ase Rate Fee</b> First G
1	1	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED TWEN	•	SUBSCRIBER GROUP	-SEVENTH	IE HUNDRED TWENTY
	0		ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA  0					COMMUNITY/ AREA
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
  - 	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
		CALL SIGN		CALL SIGN		CALL SIGN		CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Third G

	YSTEM ID# 1786	S'						HOOD CANAL TEI
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	Bl
9		SUBSCRIBER GROUP	THIRTIETH			SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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for		-			<u>.</u>			
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	0.00		•	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>Base Rate Fee</b> First G
		SUBSCRIBER GROUD	V 0500ND		)	SUBSCRIBER GROUP	TV FIDOT	ONE HUNDRED THIS
	)	30B3CKBER GROOT	Y-SECOND	ONE HUNDRED THIR		COBCONIBEN CINCOL	KTY-FIRST	ONE HONDINED THIS
	0	- SOBSCRIBER GROOT	Y-SECOND	ONE HUNDRED THIR COMMUNITY/ AREA	0		KTY-FIRST	
		CALL SIGN	DSE			CALL SIGN	DSE	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

Name	YSTEM ID# 1786					E CO. INC.IN		LEGAL NAME OF OWNE HOOD CANAL TE
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	TY-FOURTH			SUBSCRIBER GROUP	RTY-THIRD	
0 S Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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Exclusivity								
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Stations								
	0.00		•	Total DSEs	0.00		-	otal DSEs
<u>'-</u>					0.00	\$	roup	Gross Receipts First G
_	0.00	\$	d Group	Gross Receipts Secon				
_ _ _	0.00	\$		Base Rate Fee Secon	0.00	\$		
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	0.00	\$	d Group	Base Rate Fee Secon		\$	roup	Base Rate Fee First G
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00	\$	d Group	Base Rate Fee Secon	JP	\$	roup	Base Rate Fee First G
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED THIR COMMUNITY/ AREA
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED THIR COMMUNITY/ AREA
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED THIR COMMUNITY/ AREA
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First GONE HUNDRED THIR
O	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECONO ONE HUNDRED THI COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	DNE HUNDRED THIR COMMUNITY/ AREA  CALL SIGN
0	O.00  JP  O  DSE	\$ SUBSCRIBER GROU	d Group  RTY-SIXTH  DSE	Dase Rate Fee Second ONE HUNDRED THI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH  DSE	Base Rate Fee First G ONE HUNDRED THIR COMMUNITY/ AREA

Name	YSTEM ID# 1786					E CO. INC.IN		LEGAL NAME OF OWNE HOOD CANAL TEL
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED THIRTY-
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  HOOD CANAL TELEPHONE CO. INC.IN  1786							
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<b>9</b> Computation	)	SUBSCRIBER GROUP	RTY-SIXTH		•	SUBSCRIBER GROUP	RTY-FIFTH	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  HOOD CANAL TELEPHONE CO. INC.IN  1786								
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9	ONE HUNDRED FIFTIETH SUBSCRIBER GROUP				JP <b>0</b>	NE HUNDRED FORTY-NINTH SUBSCRIBER GROUP			
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  HOOD CANAL TELEPHONE CO. INC.IN  1786							YSTEM ID# 1786	Name
				TE FEES FOR EACH				
	NE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP			ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
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ONE HUNDRED FIFT	Y-FIFTH	SUBSCRIBER GRO	JP	ONE HUNDRED FII	FTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA0			0	
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Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  HOOD CANAL TELEPHONE CO. INC.IN  1786								
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	Bl	
_	ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP					NE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP			
<b>9</b> Computation	COMMUNITY/ AREA 0						COMMUNITY/ AREA		
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	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	ONE HUNDRED FIF	
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	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	ONE HUNDRED FIF	
	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	ONE HUNDRED FIF	
	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	ONE HUNDRED FIF	
	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	COMMUNITY/ AREA	
	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	ONE HUNDRED FIF	
	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	ONE HUNDRED FIF	
	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	ONE HUNDRED FIF	
	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	ONE HUNDRED FIF	
	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	ONE HUNDRED FIF	
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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HOOD CANAL TELEPHONE CO. INC.IN 1786 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 mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **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 and Syndicated 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 **Exclusivity** Surcharge 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. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the 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 subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the 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 subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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