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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT OFFICE USE ONLY | | | | | | |
|-------------------------------|-------------------|--|--|--|--|--|
| DATE RECEIVED | AMOUNT | | | | | |
| 8/21/2018 | \$ | | | | | |
| 0/21/2010 | ALLOCATION NUMBER | | | | | |

email to:

Return completed workbook by

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 | 2018/1 | | | | |
| 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 accounting conducts the system's first filing. If not, enter the system's ID | ss of the cable system on the last day of the counting perion | em the accounting period should s | ubmi | 045 |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | |
| | Heart of Iowa Communications Cooperative | | | | |
| | | | | | |
| | | | | 62045201 | 81 |
| | | | | 62045 2018/ | /1 |
| | | | | | |
| | PO Box 130 | | | | |
| | Union, IA 50258-0130 | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to id | dentify the busines | ss and operation of the syste | em unless these | |
| C | names already appear in space B. In line 2, give the mailing address of | the system, if diffe | erent from the address give | n in space B. | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | |
| | 2 (Number, street, rural route, apartment, or suite number) | | | | |
| | (City, town, state, zip code) | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the fret comp | aunity convod below and rel | iot on page 1h | _ |
| _ | | offiny the first confin | numity served below and rei | ist on page 1b | |
| Area Served | with all communities. CITY OR TOWN | STATE | | | |
| First | UNION | IA | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | | nace G | | _ |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | |
| 0 | Alda | MD | Α | 1 | |
| 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# | | | | | | |
| Heart of Iowa Communications Cooperative | | | 62045 | | | | | | |
| 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 fillings. | | | | | | | | | |
| 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., or all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community-by-community | ne column blank. It elevant community unity basis, associa | f you report any st with a subscriber ate each communi | ations group, ty with a | | | | | | |
| (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns | | | | _ | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | | | |
| UNION | IA | AC & AD | | First | | | | | |
| ALBION | IA | AC & AD | | Community | | | | | |
| LISCOMB | IA | AC & AD | | | | | | | |
| NEW PROVIDENCE | IA IA | AC & AD | | | | | | | |
| HAVERHILL | IA IA | AC & AD | | | | | | | |
| FERGUSON CONRAD | IA IA | AC & AD AA & AB | | See instructions for additional information | | | | | |
| BEAMAN | IA | AA & AB | | on alphabetization. | | | | | |
| ELDORA | IA | AC & AD | | | | | | | |
| LAUREL | IA | AC & AD | | | | | | | |
| STEAMBOAT ROCK | IA | AC & AD | | | | | | | |
| UNICORPORATED AREAS: | | | ••••• | Add rows as necessary. | | | | | |
| HARDIN COUNTY | IA | AC & AD | | | | | | | |
| MARSHALL COUNTY | IA | AC & AD | | | | | | | |
| GRUNDY COUNTY | IA | AA & AB | | | | | | | |
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Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Heart of lowa Communications Cooperative
62045

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.

| BLG | OCK 1 | | BLOCK 2 | | | | |
|--------------------------------------------------|-----------------------|----------|---------------------------------|-----------------------|----|--------|--|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE | |
| Residential: | | | | | | | |
| Service to first set | 949 | \$ 94.00 | Residentail Local Channels Only | 88 | \$ | 31.00 | |
| Service to additional set(s) | | | Commerical Local Channels Only | 9 | \$ | 31.00 | |
| FM radio (if separate rate) | | | Commercial | 1 | \$ | 205.18 | |
| Motel, hotel | | | Commercial | 1 | \$ | 248.00 | |
| Commercial | 40 | \$ 94.00 | Commercial | 1 | \$ | 200.00 | |
| Converter | | | Franchise Obiligation 1st Set | 14 | \$ | - | |
| Residential | | | Employee serv 1st Set | 11 | \$ | 47.00 | |
| Non-residential | | | | | Ţ | | |
| l . | T | | 7 | 1 | 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.

| | BLOCK 1 | | | | | | | |
|---------------------------------------------|---------|--------|-------------------------------|--|---------------------|------------------------|-------|-------|
| CATEGORY OF SERVICE | F | RATE | CATEGORY OF SERVICE | | CATEGORY OF SERVICE | F | RATE | |
| Continuing Services: | | | Installation: Non-residential | | | | | |
| • Pay cable | | | Motel, hotel | | ı | HBO Plex | \$ | 15.95 |
| Pay cable—add'l channel | | | Commercial | | (| Cinemax Plex | \$ | 13.95 |
| Fire protection | | | Pay cable | | Ī | HBO/Cinemax Combo Ple | \$ | 27.95 |
| Burglar protection | | | Pay cable-add'l channel | | | Showtime/TMC/FLIX | \$ | 13.95 |
| Installation: Residential | | •••••• | Fire protection | | | STARZ PLEX | \$ | 13.95 |
| First set | \$ | 60.00 | Burglar protection | | Ī | Playboy | \$ | 14.95 |
| Additional set(s) | \$ | 30.00 | Other services: | | Ī | Employee Movie Package | \$ | 27.93 |
| • FM radio (if separate rate) | | | Reconnect | | ľ | | | |
| Converter | | | Disconnect | | - | | | |
| | | | Outlet relocation | | - | | | |
| | | | Move to new address | | ľ | | ••••• | |
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| LEGAL NAME OF OWNE | | | orativo | | SYSTEM ID# 62045 | Name | |
| Heart of Iowa Co | | | erative | | 02043 | | |
| PRIMARY TRANSMITTE | | | | | | | |
| | | | | | and low power television stations) od only on a part-time basis under | G | |
| FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections | | | | | | | |
| 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. | | | | | | | |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | | |
| basis under specifc FC | | | | o Special Statem | ont and Program Log) if the | | |
| station was carried of | - | | t it iii space i (ii | ie Speciai Statem | ent and Program Log)—if the | | |
| basis. For further inf | ormation cond | | | | tute basis and also on some other f the general instructions located | | |
| in the paper SA3 for Column 1: List each | | sign. Do not r | report origination | n program service | s such as HBO, ESPN, etc. Identify | | |
| | | | • | • | tion. For example, report multi- | | |
| cast stream as "WETA- WETA-simulcast). | -2". Simulcast | streams must | be reported in | column 1 (list eac | n stream separately; for example | | |
| Column 2: Give the | | | - | | ion for broadcasting over-the-air in | | |
| its community of license on which your cable sys | • | | annel 4 in Wash | nington, D.C. This | may be different from the channel | | |
| | | | tation is a netwo | ork station, an inde | ependent station, or a noncommercial | | |
| | • | • | , . | • | ast), "I" (for independent), "I-M" ommercial educational multicast). | | |
| For the meaning of thes | se terms, see | page (v) of the | e general instru | ctions located in t | ne paper SA3 form. | | |
| Column 4: If the sta | ition is outside | the local serv | vice area, (i.e. "d | distant"), enter "Ye | es". If not, enter "No". For an ex- | | |
| planation of local servic Column 5: If you ha | | | | | e paper SA3 form. stating the basis on which your | | |
| cable system carried th | e distant station | on during the | accounting perio | od. Indicate by en | tering "LAC" if your cable system | | |
| carried the distant station | on on a part-tii | | | activated channel | • | | |
| For the retransmission | on of a distant | multicast stre | eam that is not s | subject to a rovalty | payment because it is the subject | | |
| of a written agreement | entered into o | n or before Ju | ıne 30, 2009, be | etween a cable sy | r payment because it is the subject stem or an association representing | | |
| of a written agreement of the cable system and a | entered into o primary trans | n or before Ju mitter or an a | ine 30, 2009, be ssociation repre | etween a cable sy esenting the prima | stem or an association representing ry transmitter, enter the designa- | | |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these thr | entered into o primary trans imulcasts, also ree categories | n or before Ju mitter or an a o enter "E". If , see page (v) | ine 30, 2009, be ssociation repre you carried the) of the general | etween a cable sy esenting the prima channel on any o instructions locate | stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. | | |
| of a written agreement of the cable system and a tion "E" (exempt). For sexplanation of these thread the Column 6: Give the | entered into o primary trans imulcasts, also ree categories location of ea | n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo | une 30, 2009, be ssociation repre you carried the of the general or U.S. stations, | etween a cable sy esenting the prima channel on any or instructions locate list the community | stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further and in the paper SA3 form. | | |
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| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these thr Column 6: Give the FCC. For Mexican or C Note: If you are utilizing | entered into o primary trans simulcasts, also ree categories location of ea sanadian statio g multiple char | n or before Jumitter or an acontent of enter "E". If the seep age (v) chestation. For ens, if any, given el line-ups, | une 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, the the name of the use a separate | etween a cable sy esenting the prima channel on any o instructions locate list the community he community with space G for each | stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. It to which the station is licensed by the make which the station is identifed. It channel line-up. | | |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these thr Column 6: Give the FCC. For Mexican or C Note: If you are utilizing | entered into on primary trans imulcasts, also ree categories location of eacanadian statio | n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, | une 30, 2009, be ssociation repreyou carried the of the general or U.S. stations, the the name of the use a separate EL LINE-UP 4. DISTANT? | etween a cable sy esenting the prima channel on any o instructions locate list the community he community with space G for each | stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. | | |
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| of a written agreement of the cable system and a tion "E" (exempt). For sexplanation of these thr Column 6: Give the FCC. For Mexican or C Note: If you are utilizing | entered into o primary trans imulcasts, also ree categories location of ea canadian statio g multiple char 2. B'CAST CHANNEL | n or before Ju mitter or an ac o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF | une 30, 2009, be ssociation repreyou carried the of the general or U.S. stations, the the name of the use a separate EL LINE-UP 4. DISTANT? | etween a cable sy esenting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE | stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. It to which the station is licensed by the make which the station is identifed. It channel line-up. | | |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these thr Column 6: Give the FCC. For Mexican or C Note: If you are utilizing | entered into o primary trans imulcasts, also ree categories location of ea anadian statio g multiple char 2. B'CAST CHANNEL NUMBER | n or before Jumitter or an actor enter "E". If , see page (v) ch station. For one, if any, givenel line-ups, CHANN 3. TYPE OF STATION | une 30, 2009, be ssociation repreyou carried the of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) | etween a cable sy esenting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE | stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. It to which the station is licensed by the make which the station is identified. channel line-up. 6. LOCATION OF STATION | See instructions for | |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these thr Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN KGAN CBS KPXR ION | entered into o primary trans imulcasts, also ree categories location of ea anadian statio g multiple char 2. B'CAST CHANNEL NUMBER 2 | n or before Jumitter or an actor enter "E". If , see page (v) ch station. For one, if any, givenel line-ups, CHANN 3. TYPE OF STATION | une 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, the the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) | etween a cable sy esenting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE | stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. It to which the station is licensed by the a which the station is identifed. In channel line-up. 6. LOCATION OF STATION CEDAR RAPIDS, IA | See instructions for additional information | |
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| FORM SA3E. PAGE 3. | | | | | | TING PERIOD: 2018/1 |
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| LEGAL NAME OF OWN Heart of Iowa C | | | orativo | | SYSTEM ID 6204 | Name |
| PRIMARY TRANSMITTE | | • | erative | | 0204 | <u> </u> |
| In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas | 6, identify every ystem during the ons in effect or .61(e)(2) and (sis, as explaine | television stance accounting June 24, 1944), or 76.63 (rd in the next p | period, except 81, permitting the referring to 76.6 paragraph. | (1) stations carrie te carriage of certa 1(e)(2) and (4))]; a | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | G Primary Transmitters: |
| basis under specifc FCDo not list the station station was carriedList the station here, | CC rules, regula here in space only on a subs and also in spa | itions, or auth G—but do list titute basis. ice I, if the sta | orizations: t it in space I (thation was carried | e Special Stateme | able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located | Television |
| in the paper SA3 for 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 Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service Column 5: If you had cable system carried the distant statifor the retransmiss of a written agreement the cable system and attion "E" (exempt). For sexplanation of these the | rm. h station's call associated with -2". Simulcast e channel numb e. For example stem carried th in each case w entering the le cast), "E" (for no ese terms, see p ation is outside ce area, see p ave entered "Y he distant static ion on a part-tir ion of a distant ion of a distant on a primary trans simulcasts, also ree categories | sign. Do not real a station accepted by the station accepted by the station accepted by the station. The station accepted by t | report origination cording to its over be reported in or assassigned to the annel 4 in Wash action is a network), "N-M" (I educational), one general instructivice area, (i.e. "or general instructivice area, to you must conaccounting periodause of lack of a peam that is not some 30, 2009, be association repreyou carried the poof the general in the ge | n program services er-the-air designate column 1 (list each the television statington, D.C. This ington, D.C. This ork station, an indefor network multicur "E-M" (for noncoctions located in the interest of the properties of the interest o | s such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel spendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. In stating the basis on which your sering "LAC" if your cable system capacity. The paper says is the subject stem or an association representing the paper says, enter "O." For a further dinthe paper SA3 form. | |
| | Canadian statio | ns, if any, giv | e the name of th | ne community with | to which the station is licensed by the which the station is identifed. | |
| Note. If you are utilized | g maniple chai | | EL LINE-UP | | Chairner inne-up. | _ |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | | |
| KFXA.3 FOX | 46 | l | NO | | CEDAR RAPIDS, IA | |
| KFXA.4 FOX | 48 | l | NO | | CEDAR RAPIDS, IA | |
| KGAN HD CBS | 502 | N | NO | | CEDAR RAPIDS, IA | |
| KPXR ION HD | 504 | l | NO | | CEDAR RAPIDS, IA | |
| KWWL HD NBC | 507 | N | NO | | WATERLOO, IA | |
| KCCI HD CBS | 508 | N | NO | | DES MOINES, IA | |
| KCRG HD ABC | 509 | N | NO | | CEDAR RAPIDS, IA | |
| KDIN HD IPTV | 511 | E | NO | | DES MOINES, IA | |
| KFXA HD FOX | 514 | I | NO | | CEDAR RAPIDS, IA | |
| KWWL.2 HD NBC | 515 | N | NO | | WATERLOO, IA | |
| IPTV.2 HD KDIN | 535 | E | NO | | DES MOINES, IA | |
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Heart of Iowa Communications Cooperative** 62045 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AC** 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER **STATION** (If Distant) WOI ABC 5 Ν NO **DES MOINES, IA** KCCI CBS 8 Ν NO DES MOINES, IA KFPX ION 10 NO ı CEDAR RAPIDS, IA 11 NO **KDIN IPTV** Ε DES MOINES, IA **KCWI CW** 12 Ε NO DES MOINES, IA Ν WHO NBC 13 NO **DES MOINES, IA** NO **KDMI THIS** 16 DES MOINES, IA ı **KDSM FOX** 17 ı NO DES MOINES, IA **KCWI.2 BOUNCE** 21 Ε NO **DES MOINES, IA KCWI.4 QUEST** 22 Ε NO **DES MOINES, IA** Ν WHO.2 NBC 23 NO **DES MOINES, IA** WHO.3 NBC 24 Ν NO DES MOINES, IA WHO.4 NBC 25 Ν NO **DES MOINES, IA** WOI.2 ABC 29 Ν NO **DES MOINES, IA** Ν KCCI.2 CBS 32 NO DES MOINES. IA

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

DES MOINES, IA

DES MOINES, IA

DES MOINES, IA

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KCCI 8.3 CBS

IPTV.2 KDIN

IPTV.3 KDIN

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NO

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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Heart of Iowa Communications Cooperative** 62045 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 AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE SIGN NUMBER **STATION** (If Distant) **IPTV.4 KDIN** 37 Ε NO **DES MOINES, IA** KFPX.2 QUBO 39 NO CEDAR RAPIDS, IA 40 NO KFPX.3 LIFE ı CEDAR RAPIDS, IA 42 NO KDSM.2 FOX ı DES MOINES, IA 43 1 NO DES MOINES, IA KDSM.3 FOX **KDSM.4 FOX** 47 ı NO **DES MOINES, IA** WOI.3 ABC NO 49 Ν DES MOINES, IA **WOI HD ABC** 505 Ν NO DES MOINES, IA KCCI HD CBS 508 Ν NO **DES MOINES, IA** KFPX HD ION ı NO 510 **CEDAR RAPIDS, IA KDIN HD IPTV** 511 Ε NO **DES MOINES, IA KCWI HD CW** 512 NO DES MOINES, IA ı WHO HD NBC 513 Ν NO **DES MOINES, IA**

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

DES MOINES, IA

DES MOINES. IA

KDSM HD FOX

IPTV.2 HD KDIN

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| Heart of Iowa | Communicat | tions Coop | erative | | | 62045 | |
| PRIMARY TRANSMIT | TERS: TELEVISIO | ON | | | | | |
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| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYS. | TEM ID# | Name | |
| Heart of Iowa C | Communicat | ions Coop | erative | | | 62045 | Name | |
| 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 specifs 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 | | | | | | | | |
| Note: If you are dillizing | ig manipic chai | • | • | • | charmer inte-up. | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | | | |
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| LEGAL NAME OF OW | | | _ | | SYSTEM ID# | Name |
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| In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis basis under specifc F • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fc 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: Indicate educational station, be (for independent mult For the meaning of th Column 4: If the splanation of local serve Column 5: If you the cable system carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | G, identify ever system during to tions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2 | y television st he accounting in June 24, 199 (4), or 76.63 (red) in the next perspect to any ations, or auth G—but do listitute basis. ace I, if the stateming substitute sign. Do not red has tation acceptable with the station acceptable with the station. Whether the station. Whether the station. Whether the station. Whether the station are get (v) of the the local servage (v) of the es" in column on during the ame basis becat multicast streen or before Jumitter or an acceptage (v) and the station. For extending the station or before Jumitter or an acceptage (v) and the station. For extending the station. | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to the station was carried that the basis station report origination cording to its own be reported in containing the station is a network etwork), "N-M" (I educational), one general instruction area, (i.e. "Congeneral instruction of the general instruction. | (1) stations carried e carriage of certa 1(e)(2) and (4))]; as a carried by your constructions as carried by your constructions. See page (v) on program services er-the-air designation of the television statifington, D.C. This ark station, an indefor network multice the television statifington, D.C. This ark station, an indefor network multice the television statifington, proceed in the state of the television statification. The television statification of the television statification of the television statification of the television statification. The television statification of the television statification of the television of the t | s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system | G Primary Transmitters: Television |
| Note: If you are utilizi | ng multiple cha | | · | | спаппет ппе-ир. | |
| | | 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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| 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 | e in each case varieties e in each case varieties e terms, see pation is outside ce area, see parave entered "Year e distant statication on a part-tiricion of a distant e entered into on a primary transissimulcasts, also aree categories, e location of ea Canadian statio | whether the st tter "N" (for no concommercial coage (v) of the the local servage (v) of the es" in column on during the a multicast streen or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give | etwork), "N-M" (educational), of a general instruct vice area, (i.e. "congeneral instruct vice area, (i.e. "congeneral instruct vice area, vice vice vice vice vice vice vice vice | for network multic or "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, sod. Indicate by entictivated channel or cubicated to a royalty etween a cable syssenting the primarchannel on any of instructions locate list the community with | es". If not, enter "No". For an expaper SA3 form. Stating the basis on which your dering "LAC" if your cable system capacity. To payment because it is the subject stem or an association representing my transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the a which the station is identified. | |
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| 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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| LEGAL NAME OF OWN | NER OF CABLE SY | STEM: | | | SYS | TEM ID# | Name |
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| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Basis Subasis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eact each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the | G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a substand also in spanformation concorn. Ch station's call associated with A-2". Simulcast e channel numbers, etc. For example system carried the in each case way entering the lecast), "E" (for no ese terms, see pation is outside ice area, see pation of a distant staticition on a part-tire sion of a distant to tentered into on a primary trans simulcasts, also ree categories | y television standard page (v) of the local servage (v) of the local se | period, except period, except period, except period, except period, except period, permitting the eferring to 76.6 paragraph. I distant stations orizations: I tin space I (the stion was carried ute basis station eport origination coording to its own be reported in coording to its own be reported in wash ation is a network), "N-M" (I educational), or egeneral instruct and the stick period area, (i.e. "coording period area, (i.e. "coording period area, (i.e. "coording period area that is not some 30, 2009, be association repression of the general in the of the general in the period the of the general in the period the of the general in the period the p | (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the special Statement of both on a substitution, see page (v) on a program service er-the-air designation of the television statistication, D.C. This work station, an indefor network multicon "E-M" (for noncontrolled in the special program of the television statistication of the station, and indefor network multicon "E-M" (for noncontrolled in the special program of the station of the sta | s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subjectem or an association representing transmitter, enter the designation the paper SA3 form. | a am fy cial | Primary Transmitters: Television |
| FCC. For Mexican or 0 | Canadian statio | ns, if any, giv | e the name of th | ne community with | to which the station is licensed by which the station is identifed. | y the | |
| Note: If you are utilizing | ng multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | | |
| | 1 | 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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| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYS | TEM ID# | Name |
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| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name |
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| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
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| Note: If you are utilizing | ng multiple char | | | · | channel line-up. | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | | EM ID# | Name | |
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| 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 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, were multicast streams 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 en | | | | | | | | |
| Note: If you are utilizing | | | | • | | | | |
| | | CHANN | EL LINE-UP | AQ | | | | |
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| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYS | STEM ID# | Name |
| Heart of Iowa C | Communicat | ions Coop | erative | | | 62045 | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Subsis under specific FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give this community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the | G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2 | y television standard page (v) of the local servage (v) of the local se | period, except period, except period, except period, except period, except period, permitting the eferring to 76.6 paragraph. I distant stations orizations: I tin space I (the stion was carried ute basis station eport origination coording to its own be reported in coording to its own be reported in wash ation is a network), "N-M" (I educational), or egeneral instruct and the stick period area, (i.e. "coording period area, (i.e. "coording period area, (i.e. "coording period area that is not some 30, 2009, be association repression of the general in the of the general in the period the of the general in the period the of the general in the period the p | (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of both on a substitution, see page (v) on a program services the television station of the television of | s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subjectem or an association representing transmitter, enter the designation the paper SA3 form. | a am fy | G Primary Transmitters: Television |
| FCC. For Mexican or 0 | Canadian statio | ns, if any, giv | e the name of th | ne community with | to which the station is licensed b which the station is identifed. | y the | |
| 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 | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STFM ⁻ | | | SYSTEM ID# | |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Heart of Iowa C | | | erative | | 62045 | Name |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas | system during to ions in effect of 5.61(e)(2) and (sis, as explaine | he accounting n June 24, 19 4), or 76.63 (r d in the next | period, except 81, permitting the referring to 76.6 paragraph. | (1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a | and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | G Primary Transmitters: Television |
| station was carried | here in space only on a subs | G—but do lis titute basis. | t it in space I (th | · | ent and Program Log)—if the | |
| basis. For further in in the paper SA3 fo | formation cond rm. | erning substit | tute basis station | ns, see page (v) o | rute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify | |
| cast stream as "WETA WETA-simulcast). | 2". Simulcast | streams must | be reported in | column 1 (list each | tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in | |
| on which your cable sy Column 3: Indicate | stem carried the in each case v | ne station. whether the st | ation is a netwo | ork station, an inde | ependent station, or a noncommercial | |
| (for independent multion for the meaning of the | cast), "E" (for nese terms, see | oncommercia page (v) of the | l educational), o e general instruc | or "E-M" (for nonco | ast), "I" (for independent), "I-M" ommercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex- | |
| | ave entered "Y he distant statio | es" in column on during the | 4, you must cor accounting perion | mplete column 5, s od. Indicate by ent | stating the basis on which your tering "LAC" if your cable system | |
| For the retransmiss of a written agreement the cable system and a | ion of a distant entered into o a primary trans | multicast stre n or before Ju mitter or an a | eam that is not s ine 30, 2009, be ssociation repre | subject to a royalty etween a cable system esenting the prima | p payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further | |
| 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 | 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 | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name |
| Heart of Iowa C | communicat | tions Coop | erative | | 62045 | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | |
| In General: In space C 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 | G, identify even system during ti ions in effect or i.61(e)(2) and (isis, as explaine stations: With a CC rules, regula here in space only on a subs and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numble. For example ystem carried the | y television standard y television y television standard y television y tele | 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 e 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 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 cable 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- n stream separately; for example ion for broadcasting over-the-air in may be different from the channel | G Primary Transmitters: Television |
| (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried the carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the | cast), "E" (for noise terms, see ation is outside ce area, see payave entered "Yine distant static ion on a part-tinion of a distant entered into on a primary transsimulcasts, also ree categories e location of ea Canadian statio | oncommercia page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast streen or before Jumitter or an action enter "E". If , see page (v) ch station. Forns, if any, giv | I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting period accounting that is not some 30, 2009, be association represent in U.S. stations, e the name of the | or "E-M" (for nonco ctions located in the distant"), enter "Yei ions located in the mplete column 5, od. Indicate by en activated channel of subject to a royalty etween a cable sy- esenting the prima channel on any of instructions locate list the community me community with | 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. / 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. / to which the station is licensed by the n which the station is identifed. | |
| Note. If you are utilized | Ig multiple chai | | EL LINE-UP | <u> </u> | charmer inte-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | 'STEM: | | | SYSTEM ID | Name | | | |
| Heart of Iowa C | communicat | ions Coop | erative | | 6204 | .5 | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | | | | |
| 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 each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during the consine of the consine of the consine of the consistency of the consist | he accounting In June 24, 1984), or 76.63 (r d in the next prespect to any attons, or auth G—but do list titute basis. In the state of | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the tition was carried ute basis station eport origination coording to its ow- be reported in of as assigned to | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics. | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in | G Primary Transmitters: Television | | | |
| 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 identifed. | | | | | | | | | |
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| 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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| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name | | | |
| Heart of Iowa C | communicat | ions Coop | erative | | 62045 | | | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | | | |
| 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 on the consine effect on the consistency of the consiste | he accounting In June 24, 194, or 76.63 (Indian the next prespect to any attons, or auth G—but do listitute basis. In the stateming substitute sign. Do not refer a station accept the FCC hear way. | 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 e 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 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 cable 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 | G Primary Transmitters: Television | | | |
| 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 | Ig multiple chai | | EL LINE-UP | · | charmer inte-up. | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | 'STEM: | | | SYSTEM ID# | Name | | | |
| Heart of Iowa C | communicat | ions Coop | erative | | 62045 | i i i i i i i i i i i i i i i i i i i | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | | | | |
| 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 each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during the consine of the consine of the consine of the consistency of the consist | he accounting In June 24, 1984), or 76.63 (r d in the next prespect to any attons, or auth G—but do list titute basis. In the state of | period, except 81, permitting the eferring to 76.6 paragraph. I distant stations orizations: I it in space I (the tition was carried ute basis station eport origination coording to its own be reported in or as assigned to 1 | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services er-the-air designation of the television statistics. | and low power television stations) Id only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute 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 on for broadcasting over-the-air in may be different from the channel | Primary Transmitters: Television | | | |
| 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 cha | | | | | | | | | |
| | | CHANN | EL LINE-UP | AW | | 1 | | | |
| 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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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62045 **Heart of Iowa Communications Cooperative** 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: 2018/1 | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|--------------------------|---------------------|----------------|--|--|
| LEGAL NAME OF OWNER OF Heart of Iowa Commun | | |) | | | | SYSTEM ID# 62045 | Name | | |
| SUBSTITUTE CARRIAGE | : SPECIA | L STATEMEN | NT AND PROGRAM LOG | | | | | | | |
| In General: In space I, identi substitute basis during the ad | ccounting pe | eriod, under spe | ecific present and former FC | C rules, regula | ations, or a | uthorizations | For a further | Substitute | | |
| explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. | | | | | | | | | | |
| 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? | | | | | | | | | | |
| Note: If your answer is "No log in block 2. | | | ge blank. If your answer is ' | Yes," you mu | ıst complet | | | Program Log | | |
| period, was broadcast by a under certain FCC rules, re | titute progra ice, please a of every no distant stat gulations, o | m on a separa attach addition network televion and that yor authorization | al pages. ision program (substitute p our cable system substitute s. See page (vi) of the gen | rogram) that, d for the prog eral instructio | during the ramming on ns located | accounting f another sta | ıtion | | | |
| Column 3: Give the call | Lucy" or "NE n was broad sign of the s adcast statio | BA Basketball: dcast live, ente station broadca on's location (the | 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the | o." n. station is lice | nsed by the | | | | | |
| Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time | ith and day ve "5/7." es when the | when your sys | tem carried the substitute p | orogram. Use cable system. | numerals, | nes accurate | | | | |
| to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a | er "R" if the | listed program | was substituted for progra | mming that ye | our system | ı was require | ed | | | |
| gram was substituted for pr effect on October 19, 1976. | | that your syste | em was permitted to delete | under FCC r | ules and re | egulations in | _ | | | |
| S | SUBSTITUT | E PROGRAM | 1 | | EN SUBST | | 7. REASON FOR | | | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. FROM | TIMES TO | DELETION | | | |
| | 1000110 | CALL CICIA | i. Cirtient de Locritient | 7 II I B B T T T | THOM | _ | | | | |
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Heart of Iowa Communications Cooperative
62045

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred 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."

| <u> </u> | | DATES | AND HOURS (| OF P | ART-TIME CAF | RRIAGE | | | |
|-------------|------|---------------|-------------|------|--------------|------------------------------|------|-----|----|
| CALL SIGN - | WHEN | CARRIAGE OCCU | | | CALL SIGN | WHEN CARRIAGE OCCURRED HOURS | | | |
| | DATE | HOUR FROM | TO | | | DATE | FROM | OUR | TO |
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| | AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------|--|--|--|--|--|
| | art of Iowa Communications Cooperative | 62045 | Name | | | | | |
| all a (as pag | COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amour imounts (gross receipts) paid to your cable system by subscribers for the system's sec identifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts. | ondary transmission service | K Gross Receipts | | | | | |
| • Cor • Cor • If your fee • If you | 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 ${\tt k}$ 3 below. | pe entered on line 1 of | | | | | | |
| | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. | 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 mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. | e is 1.064 percent of the | | | | | | |
| | 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. | \$ 568,667.97 | | | | | | |
| | This is your minimum fee. | \$ 6,050.63 | | | | | | |
| 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 colui "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. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | \$ - | | | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | 0.00 | | | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ - | | | | | | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger | \$ 6,050.63 | Cable systems | | | | | |
| | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente 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 the Licensing | | | | | |
| | Line 4. FILING FEE | | | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ 6,775.63 | 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 | | | | | | |

| Nama | LEGAL NAME OF OWNER O | OF CABLE S | YSTEM: | SYSTEM ID# | | | | | | | | |
|---------------|-----------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|--|--|--|--|--|--|--|
| Name | Heart of Iowa Com | nmunica | tions Cooperative | 62045 | | | | | | | | |
| | CHANNELS | | | | | | | | | | | |
| М | Instructions: You m | nust give | (1) the number of channels on which the cable system carried television broadcas | st stations | | | | | | | | |
| 1 | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | | | | | | | | | | | |
| Channels | | | | | | | | | | | | |
| | | | hannels on which the cable | 56 | | | | | | | | |
| | system carried tele | VISION DE | padcast stations | | | | | | | | | |
| | 2. Enter the total nun | mber of a | ctivated channels | | | | | | | | | |
| | | | carried television broadcast stations | 350 | | | | | | | | |
| | and nonbroadcast | services | | | | | | | | | | |
| | | | | | | | | | | | | |
| N | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual | | | | | | | | | | | |
| Individual to | we can contact about this statement of account.) | | | | | | | | | | | |
| Be Contacted | | | | | | | | | | | | |
| for Further | Name Kathi P | atten | Telephone | 641-486-2211 | | | | | | | | |
| Information | | | | , | | | | | | | | |
| | Address PO Box | c 130 | | | | | | | | | | |
| | | | oute, apartment, or suite number) | | | | | | | | | |
| | Union, | IA 502 | 58-0130 | | | | | | | | | |
| | (City, town, s | state, zip) | | | | | | | | | | |
| | Email | knatte | n@heartofiowa.coop Fax (optional) 641-486 | -2205 | | | | | | | | |
| | Liliali | Rpatte | 1 ax (optional) 041 400 | 2200 | | | | | | | | |
| | | | | | | | | | | | | |
| • | CERTIFICATION (This | s statem | ent of account must be certifed and signed in accordance with Copyright Office re | gulations. | | | | | | | | |
| 0 | | | | | | | | | | | | |
| Certifcation | • I, the undersigned, he | ereby ce | tify that (Check one, but only one, of the boxes.) | | | | | | | | | |
| | (Owner other than | n corpor | ation or partnership) I am the owner of the cable system as identifed in line 1 of space | ce B; or | | | | | | | | |
| | <u> </u> | | | | | | | | | | | |
| | (Agent of owner of | other tha | n corporation or partnership) I am the duly authorized agent of the owner of the cab | ole system as identified | | | | | | | | |
| | in line 1 of spa | ice B and | that the owner is not a corporation or partnership; or | • | | | | | | | | |
| | (Officer or partne | er) I am a | n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as | owner of the cable system | | | | | | | | |
| | in line 1 of spa | - | | | | | | | | | | |
| | I have examined the | statemei | nt of account and hereby declare under penalty of law that all statements of fact contain | ined herein | | | | | | | | |
| | are true, complete, an | nd correct | to the best of my knowledge, information, and belief, and are made in good faith. | | | | | | | | | |
| | [18 U.S.C., Section 10 | 001(1986 |)] | | | | | | | | | |
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| | | Χ | /s/ Bryan Amundosn | | | | | | | | | |
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| | | | electronic signature on the line above using an "/s/" signature to certify this statement. | or in the hey and the | | | | | | | | |
| | | | John Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot | | | | | | | | | |
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| | | Typed | or printed name: Bryan Amundson | | | | | | | | | |
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| ı | | | | | | | | | | | | |
| ı | | Title: | General Manager | | | | | | | | | |
| ı | | | (Title of official position held in corporation or partnership) | | | | | | | | | |
| ı | | | | | | | | | | | | |
| ı | | Date: | August 21, 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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID | ‡ Name | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|--|--|--|--|
| Heart of Iowa Communications Cooperative 62045 | Name | | | | | |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? | | | | | | |
| X NO | | | | | | |
| YES. Enter the total here and list the satellite carrier(s) below | | | | | | |
| Name Mailing Address Mailing Address Mailing Address | | | | | | |
| INTEREST ASSESSMENTS | | | | | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | Q | | | | | |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment | | | | | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | - | | | | | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | _ | | | | | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | _ | | | | | |
| (interest charge) | | | | | | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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 original filing. | | | | | | |
| Owner Address | | | | | | |
| First community served Accounting period ID number | | | | | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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: 2018/1

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 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 of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives

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 ε 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 |
| in | A (independent) | 1.0 | | SERVICE AREA OF | FROM SUBSCRIBERS |
| 3 | 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

| 40,00 | | | | | | | | |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|--|--|--|
| First Subscriber Group | | Second Subscriber Group | | Third Subscriber Group | | | | |
| (Santa Rosa) | | (Rapid City and Bodega Bay) | | (Fairvale) | | | | |
| Gross receipts | \$310,000.00 | Gross receipts | \$170,000.00 | Gross receipts | \$120,000.00 | | | |
| DSEs | 2.472 | DSEs . | 1.083 | DSEs . | 1.389 | | | |
| Base rate fee | \$6,497.20 | Base rate fee | \$1,907.71 | Base rate fee | \$1,604.03 | | | |
| \$310,000 x .01064 x 1.0 = | 3,298.40 | \$170,000 x .01064 x 1.0 = | 1,808.80 | \$120,000 x .01064 x 1.0 = | 1,276.80 | | | |
| \$310,000 x .00701 x 1.472 = | 3,198.80 | \$170,000 x .00701 x .083 = | 98.91 | \$120,000 x .00701 x .389 = | 327.23 | | | |
| Base rate fee | \$6,497.20 | Base rate fee | \$1,907.71 | Base rate fee | \$1,604.03 | | | |

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2018/1

| DSE SCHEDULE. PAG | E 11. (CONTINUED) | | | | | | | | | | |
|----------------------|---------------------------------------------------------|---------------------|----------------------------------|-----------------|---------------------------|--------|--|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID | | | | | | | | | | |
| 1 | Heart of Iowa Communi | cations Coop | perative | | | 62045 | | | | | |
| | SUM OF DSEs OF CATEGOR | | NS: | | | | | | | | |
| | Add the DSEs of each station | 0.00 | | | | | | | | | |
| | Enter the sum here and in line | 1 of part 5 of this | s schedule. | | 0.00 | | | | | | |
| 2 | Instructions: | Sign": list the se | Il aigns of all distant stations | identified by t | he letter "Ω" in column F | | | | | | |
| _ | In the column headed "Call sof space G (page 3). | sign": list the ca | ii signs of all distant stations | identified by t | ne letter O in column 5 | | | | | | |
| Computation | In the column headed "DSE" | : for each indep | endent station, give the DSE | as "1.0"; for | each network or noncom- | | | | | | |
| of DSEs for | for mercial educational station, give the DSE as ".25." | | | | | | | | | | |
| Category "O" | | | CATEGORY "O" STATION | IS: DSEs | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | |
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| Add rows as | | | | | | | | | | | |
| necessary. | | | | | | | | | | | |
| Remember to copy | | | | | | | | | | | |
| all formula into new | | | | | | | | | | | |
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| Name | | a Communications (| Cooperative | | | | S | 62045 |
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| 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 | CAPACITY st the call sign of all dista the call sign of all dista the call sign of all dista the correspond with the infontation. The cach station, give the column of the column of the cach independent signal of the c | the number of hours mation given in space he total number of humn 2 by the figure in the point. This is the station, give the "typ lumn 4 by the figure." | your cable system ce J. Calculate on ours that the stati n column 3, and g "basis of carriage e-value" as "1.0." in column 5, and | n carried the stati ly one DSE for ea on broadcast ove live the result in c e value" for the st For each network give the result in | ion during the accounting ach station. er the air during the accodecimals in column 4. The ation. k or noncommercial educolumn 6. Round to no | punting period. his figure must cational station, less than the | |
| Capacity | | C | ATEGORY LAC | STATIONS: | COMPUTATION | ON OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBE OF HOL CARRIE SYSTEM | R 3. N JRS O ED BY S | UMBER F HOURS TATION N AIR | 4. BASIS OF CARRIAGI VALUE | 5. TYPE | | SE |
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| | Add the DSEs | of CATEGORY LAC Sof each station. Im here and in line 2 of page 2. | | e, | | 0.00 | | |
| Computation of DSEs for Substitute-Basis Stations | Was carried tions in efferage Broadcast of space I). Column 2: at your option. Column 3: Column 4: | e the call sign of each start I by your system in substant on October 19, 1976 (one or more live, nonnetwown of the Charles of | itution for a program as shown by the lett ork programs during number of live, non spond with the inform in the calendar years by the figure in 2 by the figure in | that your system er "P" in column 7 that optional carris network programs nation in space I. II: 365, except in a column 3, and giv | was permitted to or space I); and age (as shown by the carried in substitute a leap year. The the result in column is a leap year. | delete under FCC rules the word "Yes" in column 2 itution for programs that | 2 of were deleted s than the third | rm). |
| | | SU | BSTITUTE-BAS | IS STATIONS | S: COMPUTA | TION OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
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| | Add the DSEs | of SUBSTITUTE-BASI of each station. Im here and in line 3 of page | | 9, | | 0.00 | | |
| 5 Total Number of DSEs | number of DSE: 1. Number o 2. Number o | ER OF DSEs: Give the am s applicable to your systen f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ● | | s in parts 2, 3, and | 4 of this schedule | and add them to provide | 0.00 0.00 0.00 | |
| | TOTAL NUMBE | R OF DSEs | | | | | | 0.00 |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

| LEGAL NAME OF C | | | erative | | | | S' | YSTEM ID# 62045 | Name |
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| schedule. | "Yes," leave the re | emainder of p | | 7 of the DSE sche | edule blank aı | nd complete pa | art 8, (page 16) of | the | 6 |
| If your answer if | "No," complete blo | | | ELEVISION M | ΔPKETS | | | | Computation of |
| — | 1981? | outside of all | major and sma | | efined under s | | | gulations in | 3.75 Fee |
| | | BLO | CK B: CARR | IAGE OF PERI | MITTED DS | SEs | | | |
| Column 1: CALL SIGN | under FCC rules | s of distant st and regulation ne DSE Sche | ations listed in ons prior to Ju dule. (Note: Tl | part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r | f this schedule urther explana | e that your sys | ed stations, see the | he | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursu: *F A station pre | ules and reguled pursuant to as defined to all educations of the station (76. or DSE schedant to individuationally carries). He station we would be station we would be station we station with the station we station with the station we station with the station we station we station with the station we station we station with the station will be station will be station with the sta | lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B | ne or substitute ba contour, [76.59(d)(| ose in effect of 76.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g | n June 24, 198 i), 76.61(b)(c), ii) referring to 7 g to 76.61(d) irandfathered s | 76.63(a) referring | | |
| Column 3: | | e stations ide | entified 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 | |
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| | | | | , | | | | 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 | sum of permitte | ed DSEs from | m block B ab | ove | | | | - | |
| Line 3: Subtract (If zero, I | | | | r of DSEs subject 7 of this schedu | | rate. | <u>.</u> | 0.00 | |
| Line 4: Enter gro | oss receipts from | ı space K (p | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially |
| Line 5: Multiply I | ine 4 by 0.0375 | and enter si | um here | | | | x | | permited/ partially nonpermitted |
| Line 6: Enter tota | al number of DS | Es from line | 3 | | | | · | <u>-</u> | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply I | ine 6 by line 5 aı | nd enter her | e and on line | 2, block 3, spac | e L (page 7) | | | 0.00 | |

| | | OWNER OF CABLE Communication | | erative | | | | S' | YSTEM ID# 62045 | Name |
|----------------|-----------------|-------------------------------|-------|-----------------|-----------------------|-----------|-----------------|-----------------------|--------------------|-------------------------|
| | | | BLOCK | A: TELEVI | SION MARKETS | S (CONTIN | UED) | | | |
| | 1. CALL SIGN | 2. PERMITTED BASIS | | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | | | | | | | | | | Computation of 3.75 Fee |
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| Name | Heart of Iowa C | | | tive | | | | | S | 48TEM ID# 62045 | |
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| | Treat of lowa C | | Tilons Coopera | | | | | | | 02043 | <u>,</u> |
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fot A—Part-time spi 76.59(B—Late-night price of the column 5: Indicate Column 5: Indicate Column 6: Comparion block | or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(erogramming: (e)(3)). arriage under all instructions the station's the the DSE fig. B, column 3 information years. | 1981, under forme ach distant station in station for a sin g period and year arriage on which the regulations cited by mming: Carriage, c)(1), or 76.63 (refectarriage under FCC certain FCC rules, in the paper SA3 to SE for the current ures listed in column of part 6 for this state un give in columns | r FCC rules govidentifed by the gle accounting in which the car he station was cleave pertain to 1 on a part-time by tring to 76.61(e) C rules, sections regulations, or form. a accounting per inso 2 and 5 and stion. 2, 3, and 4 mus | ver let per ria arr tho asi (1) s 7 aut | entifed by the letter "F" ning part-time and subter "F" in column 2 of priod, occurring between ge and DSE occurred ried by listing one of these in effect on June 24 is, of specialty program ()). 76.59(d)(3), 76.61(e)(3) thorizations. For further das computed in parts at the smaller of the two see accurate and is subject to the subject of the subje | stitute carri part 6 of the n January 1 (e.g., 1981/ e following 4, 1981. nming unde o, or 76.63 (or explanation 2, 3, and 4 of figures her | age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedu | ene 30, 19 ections vi) of the should be | 981 ne entered | |
| | | PERMITT | ED DSE FOR STA | TIONS CARRIE | ΞD | ON A PART-TIME AN | ID SUBSTI | TUTE BASIS | | | _ |
| | 1. CALL | 2. PRI | OR 3. ACC | COUNTING | | 4. BASIS OF | 5. PF | RESENT | 6. P | ERMITTED | |
| | SIGN | DSE | Р | ERIOD | | CARRIAGE | [| DSE | | DSE | _ |
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| 7 Computation of the | , | "Yes," comple | ete blocks B and C | • | pa | art 8 of the DSE sched | ule. | <u>'</u> | | | |
| Syndicated | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | • | ELEVISION MARK | | | | | _ |
| Exclusivity | | | | | | | <u> </u> | | | | |
| Surcharge | Is any portion of the of | cable system v | vithin a top 100 maj | or television mar | ke | t as defned by section 7 | 6.5 of FCC | rules in effect J | une 24, | 1981? | |
| | Yes—Complete | blocks B and | IC. | | | No—Proceed to | part 8 | | | | |
| | BLOCK B: Ca | arriage of VH | F/Grade B Contour | Stations | | BLOCK | C: Compu | tation of Exem | pt DSEs | 3 | |
| | Is any station listed in commercial VHF stati or in part, over the ca | ion that place: | | | | Was any station listed nity served by the cab to former FCC rule 76 | le system p | | | | |
| | Yes—List each s No—Enter zero a | | th its appropriate per part 8. | mitted DSE | | Yes—List each st X No—Enter zero a | | | ate permi | tted DSE | |
| | CALL SIGN | DSE | CALL SIGN | DSE | | CALL SIGN | DSE | CALL SIG | iN | DSE | |
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| | | [| | 0.00 | | | | | | 0.00 | |
| | | | TOTAL DSEs | 0.00 | | | | TOTAL DS | Es | 0.00 | |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative | SYSTEM ID# 62045 | Name |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 568,667.97 | 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 an | y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | SE | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | _ | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$ | | |
| | C. Multiply line B by 3.000 and enter here | | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$ | | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here | | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | | |
| | 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 D 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: SYS | TEM ID# |
|-----------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name | | Heart of Iowa Communications Cooperative | 62045 |
| 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 mi 6 was 6 In blo If you If you blank What i | ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below it. 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 e area," see page (v) of the general instructions. | |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | |
| | • Did y | our cable system retransmit the signals of any partially distant television stations during the accounting period? | |
| | <u> </u> | X Yes—Complete part 9 of this schedule. No—Complete the following sections. | |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | |
| | Section 1 | 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 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). | 0.00 |
| | | Base Rate Fee | 0.00 |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/1

| . = 2 | NOOD III. | |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| | AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | Nama |
| Heart | of Iowa Communications Cooperative 62045 | |
| Section 4 | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | _ |
| 4 | A. Enter 0.01064 of gross receipts | 8 |
| | (the amount in section 1) ►\$ | |
| | | |
| | 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 \$ | |
| | 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 | |
| | Base Rate Fee \$\ \bigs\ \\$ 0.00 | |
| IMPOR | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall | |
| | be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in | 9 |
| Space | | 9 |
| | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude | Computation |
| • | s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must: | of |
| | | Base Rate Fee and |
| | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of | Syndicated |
| | and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. | Exclusivity |
| Finally | : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | 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 part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only. | Partially Distant Stations, and |
| - | | for Partially |
| | o Identify a Subscriber Group for Partially Distant Stations: For each community served, determine the local service area of each wholly distant and each partially distant station you | Permitted |
| | to that community. | Stations |
| outside | For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.) | |
| | : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each | |
| subscri | ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide. | |
| Compu | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber. | |
| • | section: | |
| • Identi | fy the communities/areas represented by each subscriber group. | |
| | the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group. | |
| • If: | | |
| | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or, | |
| | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule. | |
| • Add tl | he DSEs for each station. This gives you the total DSEs for the particular subscriber group. | |
| | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions apper SA3 form. | |
| Comp page. DSEs f | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form. | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62045 **Heart of Iowa Communications Cooperative** 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.

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| Base Rate Fee Third G | iroup | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| Name | GAL NAME OF OWNER OF CABLE SYSTEM: Part of Iowa Communications Cooperative 62045 | | | | | | | |
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| Name | EGAL NAME OF OWNER OF CABLE SYSTEM: eart of lowa Communications Cooperative 62045 | | | | | | | |
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| | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TWENTY-FIETH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP | | | | | | | |
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| SAL NAME OF OWNER OF CABLE SYSTEM: sart of Iowa Communications Cooperative SYSTEM ID# 62045 | | | | | | | |
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| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
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| COMMUNITY/ AREA | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIFTY-THIRD SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP | | | | | | | | |
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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 | | | |
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| | GAL NAME OF OWNER OF CABLE SYSTEM: eart of Iowa Communications Cooperative 62045 | | | | | | | | | |
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| | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIFTY-SEVENTH SUBSCRIBER GROUP FIFTY-EIGHTH SUBSCRIBER GROUP | | | | | | | | | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | ırth Group | \$ | 0.00 | | | |
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| | EGAL NAME OF OWNER OF CABLE SYSTEM: Eart of Iowa Communications Cooperative 62045 | | | | | | | |
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| | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SIXTY-FIRST SUBSCRIBER GROUP SIXTY-SECOND SUBSCRIBER GROUP | | | | | | | |
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| | AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# art of lowa Communications Cooperative 62045 | | | | | | | Name |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045 | | | | | | | | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045 | | | | | | | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045 | | | | | | | | |
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| 0.00 Gross Receipts Fourth Group \$ 0.00 |
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| 0.00 Base Rate Fee Fourth Group \$ 0.00 |

| LEGAL NAME OF OWN Heart of Iowa Co | | | ve | | | S | YSTEM ID# 62045 | Name |
|---------------------------------------|-----------|----------------|---------------|----------------------|------------|-----------------|--------------------|--------------------------|
| E | BLOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDE | RED FIFTH | SUBSCRIBER GRO | DUP | ONE HUN | DRED SIXTH | SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 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 (| 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 | SEVENTH | SUBSCRIBER GRO | DUP | ONE HUND | RED EIGHTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
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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 | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045 | | | | | | | | |
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| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EACH | | RIBER GROUP | JP | |
| COMMUNITY/ AREA | ١ | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee and |
| | | | | | | | | Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Secor | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | id Group | \$ | 0.00 | |
| | | SUBSCRIBER GROU | | ii - | TWELVTH | SUBSCRIBER GROU | | |
| 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 | 1 Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | riber group | o as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045 | | | | | | | | | | |
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| | | | | ATE FEES FOR EACI | H SUBSCE | DIRED CROLID | 020-10 | | | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 | | |
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| CALL GIGIT | DOL | CALL GIGIT | DOL | Office CICIV | DOL | O/ LEE OIOIV | BOL | Base Rate Fee | | |
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| Total DCFs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Total DSEs | C | • | 0.00 | | and Cana | • | 0.00 | | | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | na Group | \$ | 0.00 | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | | | |
| ONE HUNDRED I | FIFTEENTH | SUBSCRIBER GROU | JP | ONE HUNDRED S | SIXTEENTH | SUBSCRIBER GRO | UP | | | |
| 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 Fourt | h Group | \$ | 0.00 | | | |
| | | | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | | | |
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| Base Rate Fee: Add Enter here and in blo | | | riber group | as shown in the boxes | above. | \$ | | | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045 | | | | | | | | | | |
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| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAG | CH SUBSCF | RIBER GROUP | | | | |
| ONE HUNDRED SEVE | NTEENTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts First G | roun | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| Cross recompler mat e | лоир | <u> </u> | 0.00 | Cross receipts eec | ona Group | | | | | |
| Base Rate Fee First G | iroup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| ONE HUNDRED NI | NTEENTH | SUBSCRIBER GRO | UP | ONE HUNDRED | TWENTIETH | SUBSCRIBER GROU | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | 0 | | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | ırth 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 to Enter here and in block | | | criber group | as shown in the boxe | es above. | \$ | | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045 | | | | | | | | | | |
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| | | | | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | | | |
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| CALL CICIA | DOL | OFFICE STORY | 502 | OF ILLE STORY | 502 | OF ILLE STORY | 502 | Base Rate Fee | | |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ona Group | \$ | 0.00 | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| ONE HUNDRED TW | ENTY-THIRD | SUBSCRIBER GROU | Р | ONE HUNDRED TWE | NTY-FOURTH | SUBSCRIBER GROUP | 1 | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045 | | | | | | | | | | |
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| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
| ONE HUNDRED TWE | NTY-FIFTH | SUBSCRIBER GROU | | H | | SUBSCRIBER GROUP | | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | :A | | 0 | Computation | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | | | |
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| IE HUNDRED TWENTY | -SEVENTH | SUBSCRIBER GROU | Р | ONE HUNDRED TW | ENTY-EIGHTH | SUBSCRIBER GROUP |) | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | 0 | | | | | |
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| Gross Receipts Third (| эгоир | \$ | 0.00 | Gross Receipts Fou | nui Gioup | \$ | 0.00 | | | |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | irth Group | \$ | 0.00 | | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045 | | | | | | | | | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 0 | | | | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | | |
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| Base Rate Fee: Add th Enter here and in block | | | riber group | as shown in the boxes a | above. | \$ | _ | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045 | | | | | | | | | | |
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| SUBSCRIBER GROUP | H SUBSCR | TE FEES FOR EAC | BASE RA | COMPUTATION C | LOCK A: (| Bl | | | | | |
| -FOURTH SUBSCRIBER GROUP | | | | SUBSCRIBER GROU | RTY-THIRD | ONE HUNDRED THIS | | | | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045 | | | | | | | | | | |
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| E | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | | | |
| ONE HUNDRED THIRT | Y-SEVENTH | SUBSCRIBER GROU | Р | ONE HUNDRED TH | HIRTY-EIGHTH | SUBSCRIBER GROUP | 1 | 0 | | |
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| Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Sec | | | | | | |
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| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
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| Base Rate Fee: Add : | | | criber group | as shown in the boxe | es above. | \$ | | | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045 | | | | | | | | | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045 | | | | | | | | | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | | |
| Base Rate Fee: Add the Enter here and in blood | | | riber group | as shown in the boxes | above. | \$ | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045 | | | | | | | | | | |
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| В | LOCK A: (| COMPUTATION O | BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | | |
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| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
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| 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 to Enter here and in bloc | | | criber group | as shown in the boxe | s above. | \$ | | | | |

| OUP | | LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045 | | | | | | | | | | |
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| | IBER GROUP | SUBSCR | TE FEES FOR EACH | BASE RA | COMPUTATION OF | OCK A: (| Bl | | | | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045 | | | | | | | | | | |
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| Name | 62045 | | | | | <u> </u> | nmunicai | Heart of Iowa Con |
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| = - - - | JP 0 | SUBSCRIBER GROU | RTY-SIXTH | THII COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | TY-FIFTH | THIR COMMUNITY/ AREA |
| = - - - - | JP 0 | SUBSCRIBER GROU | RTY-SIXTH | THII COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | TY-FIFTH | THIR COMMUNITY/ AREA |
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| | 0.00 | | DSE | Total DSEs | 0.00 | | | Total DSEs |
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| Name | 62045 | | | | | | nmunicat | Heart of Iowa Con |
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| 9 | | SUBSCRIBER GROU | RTY-SIXTH | | | SUBSCRIBER GROU | RTY-FIFTH | |
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| | 0.00 JP 0 | SUBSCRIBER GROU | Y-EIGHTH | FOR COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | FORTY-COMMUNITY/ AREA |
| | 0.00 JP 0 | SUBSCRIBER GROU | Y-EIGHTH | FOR COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | FORTY-COMMUNITY/ AREA |
| | 0.00 JP 0 | SUBSCRIBER GROU | Y-EIGHTH | FOR COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | FORTY-COMMUNITY/ AREA |
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| | 0.00 JP 0 | SUBSCRIBER GROU | Y-EIGHTH | FOR COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | FORTY-COMMUNITY/ AREA |
| | 0.00 JP 0 | SUBSCRIBER GROU | Y-EIGHTH | FOR COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | FORTY-COMMUNITY/ AREA |
| | 0.00 JP 0 | SUBSCRIBER GROU | Y-EIGHTH | FOR COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | FORTY-COMMUNITY/ AREA |
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| | 0.00 JP 0 | SUBSCRIBER GROU | Y-EIGHTH | FOR COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | FORTY-COMMUNITY/ AREA |
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| | 0.00 JP 0 | SUBSCRIBER GROU | Y-EIGHTH | FOR COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | FORTY-COMMUNITY/ AREA |
| | 0.00 JP 0 | SUBSCRIBER GROU | Y-EIGHTH | FOR COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | FORTY-COMMUNITY/ AREA |
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| Name | GAL NAME OF OWNER OF CABLE SYSTEM: eart of Iowa Communications Cooperative 62045 | | | | | | | Heart of Iowa Con |
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| 9 | JP 0 | SUBSCRIBER GROU | FIFTIETH | COMMUNITY/ADEA | JP 0 | SUBSCRIBER GROU | TY-NINTH | |
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| | NAME OF OWNER OF CABLE SYSTEM: of Iowa Communications Cooperative SYSTEM ID# 62045 | | | | | | | Name |
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| | | | | TE FEES FOR EAC | | | | |
| | TY-THIRD | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
| FIF | TY-FIFTH | SUBSCRIBER GRO | DUP | F | IFTY-SIXTH | I SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | 0 | | |
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| 3ase Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
|) | roup e base rat | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |

| | AME OF OWNER OF CABLE SYSTEM: f lowa Communications Cooperative 62045 | | | | | | | Name |
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| | | | | TE FEES FOR EAC | | | | |
| | SEVENTH | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| FIF ⁻ | TY-NINTH | SUBSCRIBER GRO |)UP | | SIXTIETH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045 | | | | | | | |
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| | JP 0 | SUBSCRIBER GROL | /-FOURTH | EIGHT COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | TY-THIRD | EIGHT COMMUNITY/ AREA CALL SIGN |
| | DSE | SUBSCRIBER GROL | DSE | EIGHT COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GROU | DSE DSE | EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs |
| | DSE DSE 0.00 | SUBSCRIBER GROU | DSE | EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs | DSE O.00 | CALL SIGN | DSE DSE | EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs |
| | DSE DSE 0.00 | SUBSCRIBER GROU | /-FOURTH | EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs | DSE O.00 | CALL SIGN | TY-THIRD DSE | EIGHT COMMUNITY/ AREA |

| | SAL NAME OF OWNER OF CABLE SYSTEM: art of Iowa Communications Cooperative SYSTEM ID# 62045 | | | | | | | Name |
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| EIGH | TY-FIFTH | SUBSCRIBER GRO | UP | EIG | HTY-SIXTH | I SUBSCRIBER GROU | JP | 0 |
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| Total DSEs | <u> </u> | | 0.00 | Total DSEs | | ļļ. | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oun | e | 0.00 | Base Rate Fee Seco | nd Croup | • | 0.00 | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourt | th Group | \$ | 0.00 | |
| Base Rate Fee Third G Base Rate Fee: Add th Enter here and in block | e base rat | e fees for each subs | | | | \$ | 0.00 | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045 | | | | | | | Name | |
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| | | SUBSCRIBER GRO | | 001411111 | | SUBSCRIBER GRO | | 9 |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| | | | | as shown in the boxe | es above. | \$ | | |

| | SAL NAME OF OWNER OF CABLE SYSTEM: art of lowa Communications Cooperative SYSTEM ID# 62045 | | | | | | | Name |
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| | | | | TE FEES FOR EAC | | | | |
| | TY-THIRD | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | 9 |
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| Gross Receipts First G | iroup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| 3ase Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| NINE | TY-FIFTH | SUBSCRIBER GRO | DUP | NII | NETY-SIXTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | A | | 0 | | |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add the Enter here and in block | | | scriber group | as shown in the boxes | s above. | \$ | | |

| Name 9 Computation | YSTEM ID# 62045 | S | | | e | | | LEGAL NAME OF OWNE Heart of Iowa Con |
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| | JP | SUBSCRIBER GROU | NDREDTH | ONE HU | UP | SUBSCRIBER GROU | TY-NINTH | NINE |
| | JP 0 | SUBSCRIBER GROU | NDREDTH | ONE HU COMMUNITY/ AREA | UP 0 | SUBSCRIBER GROU | TY-NINTH | |
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| Name 9 Computation | LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
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| Name 9 Computation | 62045 | LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
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| | IP | SUBSCRIBER GROU | D EIGHTH | ONE HUNDRE | JP | SUBSCRIBER GRO | SEVENTH | ONE HUNDRED S | |
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| Name 9 Computation | LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
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| ٥ | | SUBSCRIBER GROU | ED TENTH | | | SUBSCRIBER GROL | ED NINTH | |
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| | JP 0 | SUBSCRIBER GROU | TWELVTH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | LEVENTH | COMMUNITY/ AREA |
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| 9 Computation | LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
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| ۵ | | SUBSCRIBER GROU | IRTEENTH | | | SUBSCRIBER GROL | RTEENTH | ONE HUNDRED THIS |
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| | | te face for each subse | ribor group | as shown in the boxes a | phoyo | | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
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| | 0.00 JP 0 | \$ SUBSCRIBER GROU | d Group | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIFT |
| | 0.00 JP 0 | \$ SUBSCRIBER GROU | d Group | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | COMMUNITY/ AREA |
| | 0.00 JP 0 | \$ SUBSCRIBER GROU | d Group | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIFT |
| | 0.00 JP 0 | \$ SUBSCRIBER GROU | d Group | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIFT |
| | 0.00 JP 0 | \$ SUBSCRIBER GROU | d Group | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIFT |
| | 0.00 JP O DSE | \$ SUBSCRIBER GROU | d Group SIXTIETH DSE | Base Rate Fee Secon ONE HUNDREI COMMUNITY/ AREA CALL SIGN | JP 0 | SUBSCRIBER GROU | DSE | ONE HUNDRED FIFT |

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Heart of Iowa Communications Cooperative 62045 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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