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
8/27/2019	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2019/1			
Period				
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ss of the cable system on the last day of the counting perion	em the accounting period should s	•
	HOOD CANAL TELEPHONE CO. INC.			
				17862019/1
				1786 2019/1
	PO BOX 249			
	UNION, WA 98592			
		Leaff for head and		
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of			
System	IDENTIFICATION OF CABLE SYSTEM:			<u> </u>
oyo.o	1 1 1 1 1 1 1 1 1 1			
	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 frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.	T		
Served	CITY OR TOWN	STATE		_
First	UNION	WA		
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S		_
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
	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.

ORM SA3E. PAGE 10.			0)/07=15:5"								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
HOOD CANAL TELEPHONE CO. INC.			1786								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.											
Note: Entities and properties such as hotels, apartments, condominiums, or mobile below the identified city or town.		_	ntheses								
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).											
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.											
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#								
UNION	WA			First							
				Community							
				Community							
				Con instructions for							
				See instructions for additional information							
				on alphabetization.							
				· · · · · · · · · · · · · · · · · · ·							
				Add rows as necessary.							
			•								
		_	1	i							

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

HOOD CANAL TELEPHONE CO. INC.

SYSTEM ID#

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.

BLC	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential: • Service to first set	3,228	\$ 75.95	RV Unit 2	308	\$ 5.00		
Service to additional set(s) FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HOOD CANAL TELEPHONE CO. INC. 1786 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) **KOMO** 38 Ν No Seattle, WA KOMO-2 38 N-M No Seattle, WA See instructions for additional information KOMO-3 38 N-M No Seattle, WA on alphabetization. KING Ν No 48 Seattle, WA KING-2 48 N-M No Seattle, WA KING-3 48 N-M No Seattle, WA **KIRO** 39 No Seattle, WA Ν KIRO-2 N-M 39 No Seattle, WA N-M KIRO-3 39 No Seattle, WA **KCTS** 9 Ε No Seattle, WA 9 KCTS-3 Ε No Seattle, WA **KZJO** 25 No Seattle, WA ı KZJO-3 25 ı No Seattle, WA **KSTW** 11 No Seattle, WA **KCPQ** 13 Ν No Seattle, WA KCPQ-2 13 N-M No Seattle, WA KCPQ-3 13 N-M No Seattle, WA **KONG** 31 Ν Seattle, WA No

FORM SA3E. PAGE 3.						VG 1 ENIOD: 2015/1		
LEGAL NAME OF OWN					SYSTEM ID#	Name		
HOOD CANAL			•		1786			
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 (refiring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute station 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, 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 4: If the station is outside the local service area, (i.e. "distant"),								
Note: If you are utilizin	3	• •	EL LINE-UP	•				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
KTBW	14	E	No	` '	Seattle, WA			
КВТС	27	E	No		Seattle, WA			
KWPX	33	I	No		Seattle, WA			
KUNS	50	N	No		Seattle, WA			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	i			1786	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast								
Note: If you are utilizing	ig multiple char	inei iine-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AC				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
					•			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID:	Namo
HOOD CANAL	TELEPHON	E CO. INC.	ı		1780	6
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable self-CC rules and regulated 76.59(d)(2) and (4), 76 substitute program beson Substitute Basis Self-Self-Self-Self-Self-Self-Self-Self-	G, identify every eystem during the constant of the constant o	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta berning substit sign. Do not r n a station acc streams must	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station report origination coording to its ow be reported in our was assigned to the	(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 the column 1 (list each the television statistics.	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the attended basis and also on some other attended the general instructions located as such as HBO, ESPN, etc. Identify and instructions program as tream separately; for example and for broadcasting over-the-air in and basis and also on some other as such as HBO, ESPN, etc. Identify and the stream separately; for example	Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servic Column 5: If you had be system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	existem carried the in each case we entering the lecast), "E" (for noise terms, see lation is outside ce area, see parave entered "You have entered "You have in a distant station of a distant entered into on a part-tilicion of a distant entered into on a primary transismulcasts, also ince categories de location of ea Canadian statio	ne station. whether the stater "N" (for no commercial 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 accenter "E". If , see page (v) ch station. Forns, if any, giv	ration is a netwo etwork), "N-M" ('I educational), o e general instructive area, (i.e. "c general instructive area (i.e. "c accounting perioduse of lack of a eam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, e the name of the	ork station, an indefor network multicar "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, so do Indicate by entictivated channel caubject to a royalty tween a cable system a cable system on any of instructions locate list the community with	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). he paper SA3 form. s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject stem or an association representing transmitter, enter the designation the paper SA3 form. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name			
HOOD CANAL	TELEPHON	E CO. INC.			1786	ramo			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the stat									
cable system carried the carried the distant state		-		•					
For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject stem or an association representing				
the cable system and a	a primary trans	mitter or an as	ssociation repre	senting the primar	ry transmitter, enter the designa- her basis, enter "O." For a further				
explanation of these th	ree categories	, see page (v)	of the general i	instructions locate	d in the paper SA3 form.				
				•	to which the station is licensed by the which the station is identifed.				
Note: If you are utilizing				•					
		CHANN	EL LINE-UP	AE					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
					I				
					ļ				
					ļ				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.			1786	ramo
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bassubstitute Basis is basis under specific FC bo not list the station station was carried busined List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the station stream 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 servi	G, identify every system during the constructions in effect or Scholler (Scholler) (Scho	y television strans accounting in June 24, 194, or 76.63 (r d in the next prespect to any ations, or auth G—but do list titute basis. In the state of the state o	period, except 81, permitting the referring to 76.6 paragraph. or distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in common as assigned to annel 4 in Wash ation is a netwoetwork), "N-M" (I educational), or egeneral instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivice area, in	(1) stations carried to carriage of certain (1e)(2) and (4))]; as a carried by your content of the Special Statement of the Special Statement of the Specia	es". If not, enter "No". For an ex-	G Primary Transmitters: Television
			•	-	stating the basis on which your tering "LAC" if your cable system	
of a written agreement the cable system and a	sion of a distant t entered into or a primary trans	multicast stre n or before Ju mitter or an as	eam that is not s ne 30, 2009, be ssociation repre	subject to a royalty etween a cable system esenting the primate	capacity. payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further	
explanation of these the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, giv	of the general in the state of the name of the name of the tree of	instructions locate list the community ne community with	d in the paper SA3 form. I to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AF		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.	ı		1786	
PRIMARY TRANSMITTE	ERS: 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 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 sta planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement	G, identify ever system during to the stations: With a CC rules, regular here in space only on a substand also in spatformation concern. The station's call associated with a concern cast of the station's call associated with a concern cast of the station's call associated with a concern cast of the station's call associated with a concern cast of the station's call associated with a concern cast of the station's call associated with a concern cast of the station's call associated with a concern cast of the station's call associated with a concern cast of the station's cast of the station of a distant static ion on a part-time of a distant and centered into o	y television sty the accounting in June 24, 194, or 76.63 (in the next) respect to any ations, or auth G—but do listitute basis. In the state of the station acceptance of the station acceptance of the station. In the station whether the station acceptance of the station on the station on the station of the station of the station on the station of the station of the station on the station of th	g period, except 81, permitting the referring to 76.6 paragraph. A distant stations for izations: to the station was carried that basis station report origination cording to its own to be reported in containing the station is a netwo etwork), "N-M" ("I educational), one general instructive area, (i.e. "or general instructive, you must contained a period of the station of the station is a network or general instructive area, (i.e. "or general instructive, you must contained a period of the station	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on program service the er-the-air designation of the television statification, D.C. This work station, an indefor network multicution (for network multicutions located in the distant"), enter "Yelions located in the mplete column 5, and Indicate by entictivated channel of the policy of t	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	G Primary Transmitters: Television
tion "E" (exempt). For sexplanation of these the Column 6: Give the	simulcasts, also aree categories to location of ea Canadian static	o enter "E". If , see page (v) ch station. Fo ons, if any, giv	you carried the of the general in U.S. stations, the the name of the stations of the stations of the stations of the stations.	channel on any ot instructions locate list the community ne community with	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID	Namo
HOOD CANAL	TELEPHON	E CO. INC.			178	6
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 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 of Column 1: List each multicast stream cast stream as "WETA-simulcast). Column 2: Give the	G, identify every system during the constructions in effect or 6.61(e)(2) and (6.61(e)(2) and	y television strate accounting of June 24, 194, or 76.63 (f) d in the next prespect to any strions, or auth G—but do listitute basis. In the state of the streams must be the FCC he, WRC is Charactering substitute the FCC he, was supported to the FCC he, was suppor	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination cording to its ow be reported in day	(1) stations carried to carriage of certa- ne carriage of certa- ne (2) and (4))]; as carried by your come. Special Statement of both on a substitutions, see page (v) on program services er-the-air designation of 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 may be different from the channel	Primary Transmitters: Television
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		CHANN	EL LINE-UP	АН		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.			1786	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by our 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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational)							
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	Al			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.			1786		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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 multicast). "E" (for network), "N-M" (for network), "N-M" (for network), "I'm (for netpendent), "I-M" (for independent)							
For the retransmiss of a written agreement the cable system and a	sion of a distant t entered into or a primary trans	multicast stre n or before Ju mitter or an as	eam that is not s ne 30, 2009, be ssociation repre	subject to a royalty etween a cable system esenting the priman	payment because it is the subject		
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		CHANN	EL LINE-UP	AJ			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.			1786		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59(d)(2) and (4), 76,61(e)(2) and (4), or 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast)							
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	I	CHANN	EL LINE-UP	AK			
1. CALL	2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	i			1786	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast). "F" (for indepen								
Note: If you are utilizing	ig manapio onai	•	•	•	onamie me 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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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.				1786	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 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, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream 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 di							
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
HOOD CANAL	TELEPHON	E CO. INC.			1786	ramo		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for inde								
carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	ectivated channel	capacity.			
					payment because it is the subject stem or an association representing			
,			•	• .	ry transmitter, enter the designa- her basis, enter "O." For a further			
explanation of these th	ree categories	, see page (v)	of the general i	instructions locate	d in the paper SA3 form. to which the station is licensed by the			
FCC. For Mexican or 0	Canadian statio	ns, if any, give	e the name of th	ne community with	which the station is identifed.			
Note: If you are utilizing	ng multiple char		·	<u> </u>	channel line-up.			
	1	CHANN	EL LINE-UP	AN				
1. CALL	2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				
	NOMBLIX	STATION		(II Distant)				
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name	
HOOD CANAL	TELEPHON	E CO. INC.	ı			1786	- Trainio	
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), 76.63 ((e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "Fc" (for noncommercial educationa								
Note: If you are utilizing	ig multiple chai	•	•	•	channer line-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	i			1786	Name	
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 as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent)," "-I" (for i								
Note: If you are utilizing	ig manapio onai	•	•	•	onamie me 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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FORM SA3E. PAGE 3.						, -		
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
HOOD CANAL	TELEPHON	E CO. INC.			1786	Nume		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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								
in the paper SA3 form.								
Note: If you are utilizin	g multiple chan	•	·		channel line-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	i		•	1786	Name	
PRIMARY TRANSMITT	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 76.51(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams was 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								
Trouble in your dire dimen	.9	•	•	•				
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			
					ļ			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.	1		1786	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens	system during to ions in effect on 6.61(e)(2) and (6.61(e)(2)	ne accounting n June 24, 194, or 76.63 (r d in the next respect to any attions, or auth G—but do lis- titute basis. ace I, if the sta- terning substit sign. Do not re- n a station accestreams must ber the FCC hea, WRC is Cha-	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
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.						
		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	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name	
HOOD CANAL	TELEPHON	E CO. INC.	ı			1786	- Tumo	
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), 07.66.16(e)(2) and (4), 07.66.30 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational station, by entering the letter "N" (for networ								
Note: II you are utilizii	ig multiple chai	•	•	•	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			
				,				
								
		<u> </u>						

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name	
HOOD CANAL	TELEPHON	E CO. INC.	ı			1786	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), 07.66.16(e)(2) and (4), 07.66.3 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 1 Do not list the station here in space G—but do list it it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 1 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for i								
Trotor ii you are ameii	ig manapio onai	•	•	•	onamic mic 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			
	•							
				•				

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name			
HOOD CANAL	TELEPHON	E CO. INC.			1786				
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "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 multicast). For the meaning of these terms, see									
For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For	ion of a distant entered into or a primary trans simulcasts, also	multicast stre n or before Ju mitter or an as o enter "E". If	eam that is not s ine 30, 2009, be ssociation repre you carried the	subject to a royalty etween a cable systemating the primation ethannel on any ot	payment because it is the subject stem or an association representing ry transmitter, enter the designa- her 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	AV					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
					<u> </u>				
	•								
					<u> </u>				
					<u> </u>				
					<u> </u>				
					<u> </u>				
									

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN					SYSTEM ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.			1786	
PRIMARY TRANSMITTE 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	ers: TELEVISIO 3, identify even system during the cons in effect or 6.61(e)(2) and (sis, as explaine stations: With I CC rules, regular here in space only on a subs and also in space formation concern. h station's call associated with -2". Simulcast	y television standard programme accounting an June 24, 1964), or 76.63 (rd in the next prespect to any attions, or auth G—but do list ittute basis. Ince I, if the standard programme as tation account of the standard programme account of the sta	ation (including period, except 81, permitting the referring to 76.6 paragraph. I distant stations orizations: It it in space I (the stion was carried ute basis station eport origination cording to its own be reported in the stion was assigned to station was as assigned to station was assign	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as carried by your consecutive Special Statement of both on a substitution, see page (v) on program services er-the-air designation of the television statistics.	a and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program and Program Log)—if the state basis and also on some other and the general instructions located as such as HBO, ESPN, etc. Identify attion. For example, report multi- and stream separately; for example and for broadcasting over-the-air in any be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local service Column 5: If you have cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	entering the le cast), "E" (for no ese terms, see pa ation is outside ce area, see pa ave entered "Yi ne distant statio ion on a part-tir ion of a distant entered into on a primary trans simulcasts, also aree categories e location of ea Canadian statio	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the a multicast stree nor before Ju mitter or an a co enter "E". If no, see page (v) ch station. Fo nos, if any, giv-	etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "c general instruct 4, you must correct accounting pericause of lack of a geam that is not some 30, 2009, be association repressor of the general in the control of the general in the genera	for network multic or "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entactivated channel of subject to a royalty etween a cable system on any ot instructions locate list the community in ecommunity with space G for each	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	
	T	CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	T	[· · · · · · · · · · · · · · · · · · ·	[1]	

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 1786 HOOD CANAL TELEPHONE CO. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2019/
LEGAL NAME OF OWNER OF HOOD CANAL TELEP							SYSTEM ID# 1786	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOC	;				
In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ccounting pening that mus	eriod, under spe st be included in	ecific present and former FC n this log, see page (v) of th	C rules, regula	ations, or auth	norizations.	For a further	Substitute Carriage:
 During the accounting per broadcast by a distant sta 	iod, did you		-	is, any nonne	twork televisi	on program	ո X No	Special Statement and
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ıst complete			Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every nor distant static gulations, o otion. Do no Lucy" or "NE m was broad sign of the sadcast static adian static and and day we "5/7." es when the Example: a er "R" if the and regulatic rogramming	attach addition nnetwork televion and that your authorization t use general of BA Basketball: deast live, ente station broadca by is location (the when your sys as substitute pro a program carri listed program ons in effect du	al pages. ision program (substitute pour cable system substitute so so See page (vi) of the gereategories like "movies", o 76ers vs. Bulls." r "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	program) that, and for the programing traction is licer station is licer station is iden program. Use cable system. 15 p.m. to 6:2 amming that yell; enter the let	during the acramming of a ns located in List specific nsed by the latified). numerals, which is the time 8:30 p.m. shour system water "P" if the later and the system water "P" if the later should be supported by the system water "P" if the later should be supported by the system water "P" if the later should be supported by the system water "P" if the later should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the system water "P" if the should be supported by the should be supported by the system water "P" if the should be supported by the should be should be supported by the should be supported by the should be supported by the should be should	ccounting another stat the paper program FCC or, in ith the mores accurate ould be vas required isted pro	tion nth ly	
5	SUBSTITUT	E PROGRAM	1		N SUBSTIT		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. TI FROM –		DELETION	

ACCOUNTING PERIOD: 2019/1 FORM SA3E, PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1786 HOOD CANAL TELEPHONE CO. INC. **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-

Part-Time Carriage Log

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."

DATES AND HOURS OF DART TIME CARRIAGE

 You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE											
CALL SIGN	WHEN CARRIAGE OCCURRED					CALL SIGN	WHEN	WHEN CARRIAGE OCCURRED			
0/122 0.011	DATE	FROM	HOURS FROM TO			07.22 0.0.1	DATE	FROM	OUF	RS TO	
	DATE	TROW		10			DATE	TROW		10	
							 	 			
			_						_		
			_						_		
							 				
			-=-						_=		
											
								 			
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	SA3E. PAGE 7. L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#								
НО	OD CANAL TELEPHONE CO. INC.		1786	Name							
all a (as page	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)										
ConConIf you feetIf you	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the air rom block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable propanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b $\!\kappa$ 3 below.	e entered on line 1 o	f								
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block ${\sf C}$ should be low.	entered on line 2 in b	olock								
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on lin	e								
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K	e is 1.064 percent of									
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	\$	20,037.39								
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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule.	nn 4, you must chec	k								
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	\$	20,037.39	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, enter zero.	r	0.00	submitting additional deposits under							
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact							
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	20,762.39	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		additional lees.							

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:	SYSTEM ID#							
Name	HOOD CANAL TELEP	PHONE CO. INC.	1786							
	CHANNELS									
8.6	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
Channels	to its subscribers and (2)	the cable system's total number of activated channels, during the accounting period.								
Chamineis	1 Enter the total number	r of channels on which the cable								
		on broadcast stations	22							
	eyetem camea televien	1								
	2. Enter the total number	r of activated channels								
	on which the cable sys	tem carried television broadcast stations	65							
	and nonbroadcast serv	ices	65							
N	INDIVIDUAL TO BE CO	NTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
IN	we can contact about thi									
Individual to										
Be Contacted										
for Further	Name Brooke O	ggTelephone	360-898-2760							
Information										
	Address PO Box 24	19								
		rural route, apartment, or suite number)								
	Union, WA	A 98592-0249								
	(City, town, state	, zip)								
	Email Ac	ccounting@hoodcanal.net Fax (optional) 360-898-	3854							
	CERTIFICATION (This sta	atement of account must be certifed and signed in accordance with Copyright Office rec	gulations.							
0			,							
Certifcation	• I the undersigned hereb	by certify that (Check one, but only one, of the boxes.)								
Certification	i, the undersigned, here.	by certify that (Check one, but only one, of the boxes.)								
	(Owner other than co	rporation or partnership) I am the owner of the cable system as identifed in line 1 of space	e B: or							
		, , ,	·							
	(Agent of owner other	r than corporation or partnership) I am the duly authorized agent of the owner of the cabl	lo system as identified							
		B and that the owner is not a corporation or partnership; or	e system as identified							
	V (orr									
	(Officer or partner) I in line 1 of space E	am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	wher of the cable system							
		•								
		ement of account and hereby declare under penalty of law that all statements of fact contain	ned herein							
	are true, complete, and co	prrect to the best of my knowledge, information, and belief, and are made in good faith.								
	[5 2:2:2., 55555 1001(····a								
		/s/Mike Oblizalo								
		A Parmine Oblization								
	En:	ter an electronic signature on the line above using an "/s/" signature to certify this statement.								
	(e.g	g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor								
	"F2	"button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu	s compatibility settings.							
	Tv	ped or printed name: Mike Oblizalo								
	,									
	Tit									
		(Title of official position held in corporation or partnership)								
	Da	te: August 27, 2019								

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
HOOD CANAL TELEPHONE CO. INC. 1786	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTERFOL ACCECOMENTO	
INTEREST ASSESSMENTS You must complete this weeksheet for those revells newments submitted as a result of a late newment as undergownent.	
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
	Interest
Line 1 Enter the amount of late payment or underpayment	Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
contact the Licensing Division at (202) 707-8150 or licensing@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: 2019/1

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 be all the control of the	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

The 3.75 Fee. If a cable system located in whole or in part within 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
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		40,0000			
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: 2019/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: HOOD CANAL TELEPHONE CO. INC. 1786					
1						
	SUM OF DSEs OF CATEGORY "O" STATIONS:					
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.					
					0.00	
	Instructions:					
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5					
	of space G (page 3).					
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."					
of DSEs for	mercial educational station, give	e the DSE as ".2		IO. DOE-		
Category "O"	CALL SIGN	DOE	CATEGORY "O" STATION CALL SIGN		CALL SIGN	DCE
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						

Name		OWNER OF CABLE SYSTEM: AL TELEPHONE CO.	INC.				S	3YSTEM ID# 1786
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista :: For each station, give t correspond with the infor s: For each station, give t :: Divide the figure in colu : at least to the third decir :: For each independent s value as ".25." s: Multiply the figure in colu point. This is the station's	he number of h mation given in he total number umn 2 by the fig nal point. This i station, give the lumn 4 by the f	ours your cable syste space J. Calculate or of hours that the stat pure in column 3, and is the "basis of carriage "type-value" as "1.0."	m carried the sta nly one DSE for ion broadcast or give the result in e value" for the ' For each netwo	ation during the accounting each station. ver the air during the accounting the	ounting period. his figure must ucational station,	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	F 5. TYPE		SE
			÷		= <u> </u>	<u>x</u>	= =	
						х х		
			÷		=	X	=	
			÷ -			x		
							= =	
			÷		=	x	=	
	Add the DSEs	OF CATEGORY LAC S of each station. Im here and in line 2 of p		edule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations are space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each stand by your system in substant on October 19, 1976 (one or more live, nonnetwork). This figure should correst the number of days Divide the figure in column This is the station's DSE	itution for a pro as shown by th ork programs du number of live spond with the i s in the calenda in 2 by the figur (For more infor	gram that your systen e letter "P" in column uring that optional carr, nonnetwork program information in space I in year: 365, except in re in column 3, and gimation on rounding, s	n was permitted 7 of space I); an iage (as shown by s carried in subs a leap year. ve the result in c ee page (viii) of	to delete under FCC rule d y the word "Yes" in column stitution for programs tha column 4. Round to no let the general instructions in	2 of t were deleted es than the third	orm).
				BASIS STATION			1	T
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷	=
		÷		=			•	=
		÷		=			÷	=
		÷		=			÷ -	=
	Add the DSEs	of SUBSTITUTE-BAS of each station. Im here and in line 3 of p				0.00)	
5		ER OF DSEs: Give the am sapplicable to your system		poxes in parts 2, 3, and	4 of this schedul	le and add them to provide	e the tota	
Total Number	1. Number of	f DSEs from part 2●				>	0.00	
of DSEs		f DSEs from part 3 ●				>	0.00	
	3. Number o	f DSEs from part 4 ●				>	0.00	
	TOTAL NUMBE	R OF DSEs				,	·	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF C							S'	YSTEM ID#	Name
HOOD CANAL	. TELEPHONE	CO. INC.						1786	Nume
Instructions: Block A:	ck A must be com	pleted.							
 If your answer if schedule. 	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			EL EVIOLON M	ADVETO				Computation of
Is the cable syster	m located wholly o			ELEVISION M.		ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,	1981?		•					9	
	iplete part 8 of the plete blocks B and		DO NOT COM	PLETE THE REMA	AINDER OF I	PART 6 AND 7			
X No comp	note blooke b and				MITTED DO	\ <u></u>			
Column 1:	List the call signs			part 2, 3, and 4 or			tem was permitte	d to carry	
CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: Tl	ne 25, 1981. For fonde letter M below r	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	isis on which you o elow pertain to tho irket quota rules [7	se in effect o	n June 24, 198		j tc	
	B Specialty stati C Noncommeric	al educational at attached att	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	E Carried pursus *F A station pre	ant to individe viously carrie JHF station w	ual waiver of Fed on a part-ting within grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
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	
								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 fro	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 so	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	: 3				. X		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	J

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HOOD CANAL TELEPHONE CO. INC. 1786 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE 3. DSE SIGN BASIS SIGN BASIS SIGN BASIS Computation of 3.75 Fee

Name	HOOD CANAL								S	48TEM ID# 1786	
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 Foral A—Part-time spinare for 76.59) B—Late-night price for 76.610 S—Substitute care general Column 5: Indicate Column 6: Comparion block	or to June 25, call sign for ear the DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). Carriage under all instructions the station's I e the DSE figure. B, column 3 (e) information year.	1981, under formach distant station his station for a sing period and year arriage on which tregulations cited the mming: Carriage, (1), or 76.63 (refectoriage under FC certain FCC rules in the paper SA3 DSE for the currer ures listed in columof part 6 for this stou give in columns	er FCC rules goridentifed by the ngle accounting in which the can the station was chelow pertain to on a part-time bearing to 76.61(e C rules, section regulations, or form. It accounting permiss 2 and 5 and ation.	ver let perria carri tho asi asi auri od lis	entifed by the letter "F" rning part-time and subter "F" in column 2 of priod, occurring between and DSE occurred ried by listing one of those 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 subjection.	estitute carri part 6 of the n January 1 (e.g., 1981/ e following 4, 1981. nming unde), or 76.63 (er explanation 2, 3, and 4 o figures he	age. DSE schedule, 1978 and Jun 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 entere	
		PERMITT	ED DSE FOR ST	ATIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_
İ	1. CALL SIGN	2. PRIO		COUNTING		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE	
1	5.5.1	202		-						202	
					••••						
											•••
7 Computation of the	,	"Yes," comple	ete blocks B and (locks B and C bla	nk and complete		art 8 of the DSE sched					
Syndicated Exclusivity			BLOC	K A: MAJOR	H	ELEVISION MARK	<u>EI</u>				_
Surcharge	Is any portion of the or	cable system v	vithin a top 100 ma	jor television mai	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 VHI	F/Grade B Contou	r Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	3	
	Is any station listed in commercial VHF stati or in part, over the ca	on that places				Was any station listed nity served by the cab to former FCC rule 76	le system p				
	Yes—List each s		th its appropriate pe part 8.	rmitted DSE		Yes—List each st No—Enter zero a			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
			-								
			TC	0.00			<u> </u>		_	0.00	
			TOTAL DSEs	0.00				TOTAL DS	ES	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: HOOD CANAL TELEPHONE CO. INC.	SYSTEM ID# 1786	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,883,213.80	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	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. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 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 Dis 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		

Name			SYSTEM ID#
	l	HOOD CANAL TELEPHONE CO. INC.	1786
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	<u></u> .
	Instru	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa checked "Yes," use the total number of DSEs from part 5.	rt
		checked Tes, use the lotal number of DSLs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	1	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	• If you	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo c.	W
	What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loca e area," see page (v) of the general instructions.	I
	Sei vice	e alea, 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?	
		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	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section	dise the total number of BoLs from part 3.).	_
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	_
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	0.00

LECAL N	AME OF OWNER OF CABLE SYSTEM:	OVOTEM ID#	
		SYSTEM ID# 1786	Name
нооі	D CANAL TELEPHONE CO. INC.	1700	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		•
•	A. Enter 0.01064 of gross receipts (the amount in section 1)		8
			_
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$ \\$		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here	_	
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here►		
	F. Multiply line D by line E and enter here > \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	Base Rate Fee ► \$	0.00	
IMPOF	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	ast signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	el line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	dvantage of this	of Base Rate Fee
		a tha aama	and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine		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 Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		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 properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant start to that community.	tion you	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were log the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
•	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem'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 al bers in the group.	of the	
• lf:			
and 4 o	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in 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 b 6 of this schedule.	llock B,	
• Add t	ne 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 is apper SA3 form.	nstructions	
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 In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.	at is, the total	

DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1786 **HOOD CANAL TELEPHONE CO. INC.** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWN HOOD CANAL T						S	YSTEM ID# 1786	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
				-				Exclusivity
	·····							Surcharge
					·····			for
			····				····	Partially Distant
			••••				····	Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO)UP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						 		
			••••	-	•••••	 		
							<u> </u>	
				-		H	<u></u>	
			····				····	
			••••		•••••			
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
			scriber group	as shown in the boxe	s above.			
Enter here and in blo	ck 3, line 1,	space L (page 7)				\$	0.00	

LEGAL NAME OF OW HOOD CANAL 1						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP		
COMMUNITY/ ARE		observed to the	0	COMMUNITY/ AREA		. CODOCHIDEN ONC	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u>.</u>					Syndicated
								Exclusivity
			<u> </u>		<u>.</u>			Surcharge for
		-						Partially
								Distant
					·····			Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>		<u>.</u>			
					<u>.</u>			
			<u></u>					
			<u> </u>		<u>.</u>		<u></u>	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	o as shown in the boxes	s above.	\$		

LEGAL NAME OF OWI						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP		
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for Partially
		-						Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs		**	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Cross receipts i list	Cloup		<u> </u>	Cross rescipts seed	ona Group		0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU	UP -	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs	L	1	0.00	Total DSEs		Ш	0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
		•			o u p			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

	BLE SYSTEM: NE CO. INC.				S	YSTEM ID# 1786	Name
BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	H SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicat
<u></u>				·····			Exclusiv
			-				Surcharg for
			·				Partiall
		<u> </u>	•				Distant
							Station
		<mark></mark>					
	1						
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	
FIFTEENT	SUBSCRIBER GRO)UP		SIXTEENTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							
				<u>.</u>			
Fotal DSEs		0.00	Total DSEs			0.00	
	S	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00	
Fotal DSEs Gross Receipts Third Group	\$			irth Group	\$		

LEGAL NAME OF OWN HOOD CANAL TI						S	YSTEM ID# 1786	Name
[BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OF ILL OF OTT	502	O'ALL GIGIT	502	OF LEE GIGIT	502	OF ILLE GIGIT	BOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
		 						Partially
	<u></u>							Distant
	····							Stations
							<u></u>	
	····		····				<u> </u>	
	····						 	
	····		····				<u></u>	
	••••					+		
Total DSEs		<u>H</u>	0.00	Total DSEs		11	0.00	
Gross Receipts First	Croup	¢	0.00	Gross Receipts Sec	and Croup	\$	0.00	
Gloss Receipts Filst	Gloup	\$	0.00	Gloss Receipts Geo	ona Group	•	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
N	IINTEENTH	SUBSCRIBER GRO	DUP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	····							
			····			-	<u></u>	
			····				<u></u>	
	····		····			-	<u></u>	
	••••	-	····				<u> </u>	
	••••					-		
T-4-1 DOE-			0.00	T-+-I DOF-			0.00	
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 Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

786 Name	YSTEM ID# 1786	_				LE SYSTEM: E CO. INC.		HOOD CANAL TE
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
	UP	SUBSCRIBER GROU	Y-SECOND	TWENT	JP	SUBSCRIBER GROU	TY-FIRST	TWEN
0 Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
SE of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and Syndicate								
Exclusivi								
Surcharg			•		-			
for						-		
Partially								
Distant Stations						-	<mark>.</mark>	
							·	
00_	0.00	-		Total DSEs	0.00			Total DSEs
00	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
00	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	UP	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP	SUBSCRIBER GROU	TY-THIRD	TWEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
SE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	·····		•					
							·	
	0.00			Total DSEs	0.00			Total DSEs
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	n Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G

EGAL NAME OF OWNER OF CABLE SYSTEM: IOOD CANAL TELEPHONE CO. INC. 1786								
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP	9							
/ AREAO COMMUNITY/ AREAC	Computat							
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of							
	Base Rate							
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	Stations							
	_							
s First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	-							
e First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00								
WENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP								
/ AREA 0 COMMUNITY/ AREA 0) 							
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE								
0.00 Total DSEs 0.00								
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LEGAL NAME OF OWN HOOD CANAL TE					Name			
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROI	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
		-					<u></u>	Exclusivity
								Surcharge for
								Partially
	···-							Distant Stations
	····							
		-						
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	о.о ч р	<u>·</u>		l c. coc r toccipio cocc	a G.Gap			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THII COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	THIRT		SUBSCRIBER GROU	UP 0	
COMMONT IT AREA				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
	<u></u>							
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	•				•		 	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTY-THIRD SUBSCRIBER GROUP NITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	9
NITY/ AREA 0 COMMUNITY/ AREA 0 Co	9
Co	-71
	omputatio
IGN BSE CALESIGN BSE CALESIGN BSE	of
Bas	se Rate F
	and Syndicate
	Exclusivit
	Surcharge
	for
	Partially Distant
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Es 0.00 Total DSEs 0.00	
eceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Gloss Necepts Second Gloup 3 0.00	
te Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP	
NITY/ AREA 0 COMMUNITY/ AREA 0	
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Es <u>0.00</u> Total DSEs <u>0.00</u>	
ceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	

786 Name	EGAL NAME OF OWNER OF CABLE SYSTEM: NOOD CANAL TELEPHONE CO. INC. 1786								
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	Bl	
9	THIRTY-EIGHTH SUBSCRIBER GROUP					SUBSCRIBER GROU	EVENTH		
O Computation	COMMUNITY/ AREA 0							COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
and						-			
Syndicate						-			
Exclusivity Surcharge									
for				•••••		-			
Partially									
Distant									
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00	0.00			Total DSEs	0.00			Total DSEs	
00_	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G	
00	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gi	
	JP	SUBSCRIBER GROU	FORTIETH		JP	SUBSCRIBER GROU	Y-NINTH	THIR	
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
BE .	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
						-			
						-			
00	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G	
		<u>-</u>	3.0up	2.000000 pto 1 out t		-			
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	EGAL NAME OF OWNER OF CABLE SYSTEM: IOOD CANAL TELEPHONE CO. INC. 1786								
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
FOF	RTY-FIRST	SUBSCRIBER GRO	UP	FOR	0				
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computatio				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
		-	<u></u>					and	
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								Surcharge	
								for	
								Partially	
			<u></u>					Distant	
								Stations	
									
Total DSEs			0.00	Total DSEs		-	0.00		
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FOR	TY-THIRD	SUBSCRIBER GRO	UP	Ħ		SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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			<u></u>						
			<u></u>						
	···								
			<u></u>						
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		
Total DSEs Gross Receipts Third Base Rate Fee Third Base Rate Fee: Add t Enter here and in bloc	Group	\$ se fees for each subs	0.00	Gross Receipts Fou	rth Group		0.00		

HOOD CANAL TELEPHONE	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 1786								
BLOCK A: COI	MPUTATION OF BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP					
	JBSCRIBER GROUP	FOR	9						
COMMUNITY/ AREA	0	COMMUNITY/ AREA	Computation						
CALL SIGN DSE (CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
						Base Rate F			
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Total DSEs	0.00	Total DSEs			0.00				
Gross Receipts First Group \$	0.00	Gross Receipts Secon	d Group	\$	0.00				
Base Rate Fee First Group \$	0.00	Base Rate Fee Secon	d Group	\$	0.00				
FORTY-SEVENTH SU	IBSCRIBER GROUP	FORT	Y-EIGHTH	SUBSCRIBER GROU	Р				
COMMUNITY/ AREA	0	COMMUNITY/ AREA			0				
CALL SIGN DSE (CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE				
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	0.00	Total DSEs			0.00				
Total DSEs				•	2.00				
_	0.00	Gross Receipts Fourth	i Group	\$	0.00				
Total DSEs Gross Receipts Third Group \$	0.00	Gross Receipts Fourth	i Group	3	0.00				

CANAL TELEPHONE CO. INC. 1786	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
FORTY-NINTH SUBSCRIBER GROUP FIFTIETH SUBSCRIBER GROUP	9
ITY/ AREAO COMMUNITY/ AREAO	Computation
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S Total DSEs	
ceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP	
ITY/ AREA O COMMUNITY/ AREA O	
GN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
s 0.00 Total DSEs 0.00	
ceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
The state of the s	

							EGAL NAME OF OWNER OF CABLE SYSTEM: NOOD CANAL TELEPHONE CO. INC. 1786								
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl							
9	FIFTY-FOURTH SUBSCRIBER GROUP					SUBSCRIBER GROU	Y-THIRD								
Computati	COMMUNITY/ AREA 0							COMMUNITY/ AREA							
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN							
Base Rate I															
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for						-									
Partially															
Distant Stations	<u></u>														
0	<u></u>														
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	0.00		•	Total DSEs	0.00	•	'	Total DSEs							
	0.00	\$	nd Group	Gross Receipts Secon	0.00										
								,							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G							
		SUBSCRIBER GROU	FTY-SIXTH	iii —		SUBSCRIBER GROU	TY-FIFTH								
	0	SUBSCRIBER GROU	FTY-SIXTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH								
		CALL SIGN	DSE	iii —		SUBSCRIBER GROU	DSE								
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA							
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- - - - - - - - -	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA							
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA							
- - - - - - - - - - - - - - - - - - -	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA							
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA							
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	DSE		DSE	COMMUNITY/ AREA	DSE		DSE	CALL SIGN CALL SIGN Total DSEs							
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	EGAL NAME OF OWNER OF CABLE SYSTEM: NOOD CANAL TELEPHONE CO. INC. 1786										
CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		UP	BER GROUP	RIB	SUBSCI	OR EACH	TE FEE	BASE RA	OMPUTATION OF	OCK A: (BL
VENTH SUBSCRIBER GROUP FIFTY-EIGHTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	 					JP	SUBSCRIBER GROU	EVENTH			
O COMMUNITY/ AREA O Comp	COMMUNITY/ AREA 0					0			OMMUNITY/ AREA		
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gross Receipts Second Group \$ 0.00			\$	\$	d Group	eipts Secon	Gross	0.00	\$	oup	iross Receipts First Gr
sp \$ 0.00 Base Rate Fee Second Group \$ 0.00			\$	\$	d Group	Fee Secon	Base I	0.00	\$	oup	ase Rate Fee First Gr
NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP)UP	ER GRO	SUBSCRIBER ('H S	SIXTIETI			JP	SUBSCRIBER GROU	Y-NINTH	FIFT
O COMMUNITY/ AREA O						TY/ AREA	COMM	0			OMMUNITY/ AREA
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0.00 Total DSEs 0.00						3	Total D	0.00			otal DSEs
up \$ 0.00 Gross Receipts Fourth Group \$ 0.00			\$	9	Group	eipts Fourth	Gross	0.00	\$	roup	iross Receipts Third G
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HOOD CANAL TELEPHON	LE SYSTEM: NE CO. INC.				S'	YSTEM ID# 1786	
			ATE FEES FOR EAC				
	SUBSCRIBER GRO		SIXTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-THIRD	SUBSCRIBER GRO	UP	SIX	KTY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Fotal DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Total DSEs Gross Receipts Fou	ırth Group	\$	0.00	
Total DSEs Gross Receipts Third Group	\$			orth Group	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: IOOD CANAL TELEPHONE CO. INC. 1786								
BLOCK A	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP				
	H SUBSCRIBER GRO		:	9					
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Computati					
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
							Base Rate		
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otal DSEs		0.00	Total DSEs			0.00			
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First Group		0.00	Base Rate Fee Sec	and Craun		0.00			
	\$				\$				
	H SUBSCRIBER GRO		Ħ		I SUBSCRIBER GROU				
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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Fotal DSEs		0.00	Total DSEs			0.00			
	S	0.00	Total DSEs Gross Receipts Fou	rth Group	S	0.00			
Fotal DSEs Gross Receipts Third Group	\$			rth Group	\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: IOOD CANAL TELEPHONE CO. INC. 1786							
[BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		:	9			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-FIRST	SUBSCRIBER GRO	DUP	SEVEN	ITY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	s		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP /ENTY-THIRD SUBSCRIBER GROUP EA 0 COMMUNITY/ AREA 0
EA 0 COMMUNITY/ AREA 0 9
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st Group \$ 0.00 Gross Receipts Second Group \$ 0.00
st Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
/ENTY-FIFTH SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP
EA 0 COMMUNITY/ AREA 0
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
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0.00 Total DSEs 0.00
ird Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00

HOOD CANAL T						S	YSTEM ID# 1786	Name
SEVENT	Y-SEVENTH	COMPUTATION OF SUBSCRIBER GROU	JP	it .	ITY-EIGHTH	RIBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii —		SUBSCRIBER GROU	UP -	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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T			0.00				0.00	
Total DSEs	l C	•	0.00	Total DSEs	h 0:		0.00	
Gross Receipts Third	ı Group	\$	0.00	Gross Receipts Fourt	л Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

HOOD CANAL T						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	COMMUNITY/ AREA 0			COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
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								for
								Partially Distant
								Stations
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
EIG COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	EIGHT COMMUNITY/ AREA		I SUBSCRIBER GRO	JP 0	
				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third	Group	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
Table 1000.pto 111110	-:-wh	·		l l l l l l l l l l l l l l l l l l l	p			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

						1786	Name
FIGHTY-FIFT	: COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	H SUBSCRIBER GRO		H		H SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate I
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		····	•				for
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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	
EIGHTY-SEVENT	H SUBSCRIBER GRO	DUP	EIG	HTY-EIGHTH	H SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			1				
			·				
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
				-			
			H				

SYSTEM ID# 1786 Nam							LEGAL NAME OF OWNE HOOD CANAL TEI	
ON OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	RIBER GROUP	I SUBSCR	TE FEES FOR EACH					
	H SUBSCRIBER GR			EIGHTY-NINTH SUBSCRIBER GROUP				
O COMMUNITY/ AREA O Comput			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	11			DSE	CALL SIGN	DSE	CALL SIGN	
Base Ra								
and								
Syndic								
Exclus		<u>-</u>						
Surcha for		<u></u>						
Partia					-			
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		••••••••••••						
0.00 Total DSEs 0.00			Total DSEs	0.00			Total DSEs	
0.00 Gross Receipts Second Group \$ 0.00	\$	nd Group	Gross Receipts Secon	0.00				
Siese i resemble sessaint siesep	<u>*</u>	ій Огойр	Cross rescripto cosci		<u>*</u>	оцр	Croco recorpto r not Cr	
0.00 Base Rate Fee Second Group \$ 0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr	
R GROUP NINETY-SECOND SUBSCRIBER GROUP	D SUBSCRIBER GR	Y-SECOND	NINET	JP	SUBSCRIBER GRO	TY-FIRST	NINE.	
O COMMUNITY/ AREA O	COMMUNITY/ AREA 0						COMMUNITY/ AREA	
N DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		<u></u>						
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0.00			T-4-1 DOE-	0.00			T-4-1 DOT-	
0.00 Total DSEs 0.00			Total DSEs		Total DSEs 0.00			
	\$	n Group	Gross Receipts Fourth	0.00	Gross Receipts Third Group \$ 0.00			
	· · · · · · · · · · · · · · · · · · ·				Ψ	тоир	Croco recorpto rima c	

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

SUBSCRIBER GROUP 7-EIGHTH SUBSCRIBER GROUP 0 9	CH SUBSCF	TE FEES FOR EAC	DACE DA							
a										
0 3	NINETY-EIGHTH SUBSCRIBER GROUP					NINETY-SEVENTH SUBSCRIBER GROUP				
Computation	ΞA	COMMUNITY/ AREA	0			COMMUNITY/ AREA				
DSE CALL SIGN DSE of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
Base Rate Fe			<u> </u>							
and			<u> </u>							
Syndicated Exclusivity			<u> </u>		<u> </u>					
Surcharge										
for				-						
Partially										
Distant										
Stations										
			<u>.</u>							
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0.00		Total DSEs	0.00			Total DSEs				
Group \$ 0.00	cond Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G				
Group \$ 0.00	cond Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G				
IDREDTH SUBSCRIBER GROUP	HUNDREDTH	ONE H	UP	SUBSCRIBER GROU	TY-NINTH	NINE				
0	COMMUNITY/ AREA 0					COMMUNITY/ AREA				
DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
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			<u> </u>							
0.00		Total DSEs	0.00			Total DSEs				
	urth Cro			•	rous					
Group \$ 0.00	urin Group	Gross Receipts Four	0.00	\$	oup	Gross Receipts Third (
Group \$ 0.00	urth Group	Base Rate Fee Four	0.00	\$	Group	Base Rate Fee Third (

LEGAL NAME OF OWNI HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-					<u></u>	and Syndicated
			······································				····	Exclusivity
								Surcharge
								for
								Partially
		-	<u></u>				<u></u>	Distant Stations
	···		<u></u>		·····		····	Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	11		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-	-		-		
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	<u> </u>		<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
- 111	- ·/P	· · · · · · · · · · · · · · · · · · ·				<u></u>		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	ne base rat	re fees for each subs		Base Rate Fee Four		\$	0.00	

LEGAL NAME OF OWNI						S	YSTEM ID# 1786	Name
ONE HUNDR		COMPUTATION OF SUBSCRIBER GROU	JP	ii –	RED SIXTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	_							Base Rate Fee
	<u></u>							and Syndicated
								Exclusivity
					<u></u>			Surcharge
	<u></u>							for Partially
								Distant
								Stations
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	<u></u>							
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	SEVENTH	SUBSCRIBER GROU		ii .		I SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
				-	<mark></mark>			
	<u></u>				<u></u>			
	<u></u>							
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	···							
	<u>.</u>							
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	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

K A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP IINTH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIBER GROUP
IINTH SURSCRIBED CROUD ONE HUNDRED TENTH SURSCRIBED CROUD
GNE HUNDRED FENTH SUBSCRIBER GROOT
0 COMMUNITY/ AREA 0 Computation
SE CALL SIGN DSE CALL SIGN DSE Of
Base Rate
and and
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Surcharg
for
Partially Partia
Distant
Station
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0.00 Total DSEs 0.00
\$ 0.00 Gross Receipts Second Group \$ 0.00
\$ 0.00 Base Rate Fee Second Group \$ 0.00
ENTH SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
SE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs 0.00
\$ 0.00 Gross Receipts Fourth Group \$ 0.00

LEGAL NAME OF OWNE HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	<u></u>							and
								Syndicated Exclusivity
			-		•••••			Surcharge
								for
								Partially
								Distant Stations
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	<u></u>							
	<mark></mark>		<u> </u>		·····			
Total DCFs			0.00	Total DCFa		11	0.00	
Total DSEs			0.00	Total DSEs			-	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GRO	UP	11		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		···					
		-						
	··		······································					
	<u></u>		······································					
•••••	<u></u>							
Total DSEs			0.00	Total DSEs			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 the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GROU	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee
	···			-	·····			and Syndicated
		-		·	••••			Exclusivity
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								for
								Partially
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	···	-	······································		····			Stations
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	···			-	·····			
		-			·····			
		-						
Total DSEs			0.00	Total DSEs			0.00	
	Orouge	•			rth Crave		0.00	
Gross Receipts Third (Sioub	\$	0.00	Gross Receipts Fou	iui Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		RIBER GROUP SUBSCRIBER GROUF	,	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
				-				Exclusivity Surcharge
								for
								Partially
	····							Distant Stations
	····							
Total DSEs			0.00	Total DSEs		Ц	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Greece recoupled resident	О.оцр				О.Оир			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED TWO COMMUNITY/ AREA		SUBSCRIBER GROUP	0	ONE HUNDRED TWEN COMMUNITY/ AREA		SUBSCRIBER GROUF	0	
COMMONT IT AREA				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
C.000 Receipts Tilliu	Joup	<u>*</u>	<u> </u>	Cross recorpts rount	Group	<u>*</u>	3.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROU	Р			SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>	-				Base Rate Fe
		-		·				Syndicated
								Exclusivity
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		-						for
	···	<u> </u>						Partially Distant
				·				Stations
	···							
			···	·	••••			
Total DSEs	_	.1	0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TWI	ENTY-EIGHTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···	<u> </u>						
			···					
		-						
	···	-						
	···		<u></u>		••••			
		-						
	···							
Total DSEs		1	0.00	Total DSEs	•	-11	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	I*				F			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	he base rat	te fees for each subs		Base Rate Fee Fou		\$	0.00	

LEGAL NAME OF OWN HOOD CANAL TI						S	YSTEM ID# 1786	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE		SUBSCRIBER GROU		ONE HUNDR	ED THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		ļ						and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
		_						Distant
		-						Stations
	<u></u>	<u> </u>						
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						· ·		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IIRTY-FIRST	SUBSCRIBER GROU	IP	ONE HUNDRED TH	IRTY-SECONI	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
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 Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP IRTY-THIRD SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP
IRTY-THIRD SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0 Comput
DSE CALL SIGN DSE CALL SIGN DSE Of
Base Ra
and Syndic
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for
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Group \$ 0.00 Gross Receipts Second Group \$ 0.00
Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
IIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
DSE CALL SIGN DSE CALL SIGN DSE
<mark></mark>
<mark></mark>
0.00 Total DSEs 0.00
Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
· · · · · · · · · · · · · · · · · · ·

LEGAL NAME OF OWNE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUI	0	ONE HUNDRED TH	IIRTY-EIGHTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
	<u></u>		<u> </u>		·····	-		and
	<u></u>		. 		·····	-		Syndicated Exclusivity
	<u></u>	H				+		Surcharge
								for
								Partially
						-		Distant
	<mark></mark>		<mark></mark>			-		Stations
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	···	_	<u>-</u>		····	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	RTY-NINTH	SUBSCRIBER GROUI	D	ONE HUNDRE	D FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u> </u>		<u></u>					
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 the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GROU		H .		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
						<u> </u>		for
					·····			Partially
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								Stations
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						<u> </u>		
Total DSEs		!!	0.00	Total DSEs	<u>.</u>	!!	0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FO	RTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

HOOD CANAL T						S	YSTEM ID# 1786	Name
ONE HUNDRED F	ORTY-FIFTH	COMPUTATION OF SUBSCRIBER GROUP		it .	ORTY-SIXTH	RIBER GROUP H SUBSCRIBER GROUF)	9
COMMUNITY/ AREA	······		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
								Exclusivity
					<u></u>			Surcharge for
								Partially
					<u></u>			Distant
					<u></u>			Stations
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROUP	ı	ONE HUNDRED FO	RTY-EIGHTH	H SUBSCRIBER GROUP)	
COMMUNITY/ AREA	٠		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
		<u> </u>		-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		H .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u> </u>						<u></u>	and
	<u> </u>		······································				····	Syndicated Exclusivity
	<u></u>	 						Surcharge
								for
	<u> </u>							Partially
	<mark></mark>	-						Distant
	···							Stations
							•••••	
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Froup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<mark></mark>				····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
	r				F			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 1786	Name
BI ONE HUNDRED FIFT				ATE FEES FOR EACH		RIBER GROUP	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		- CODOCINDENCINO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
					<u></u>			Base Rate Fee
					<u></u>			and Syndicated
								Exclusivity
								Surcharge
					<u></u>			for Partially
					<u>-</u>	-		Distant
								Stations
					<u></u>			
Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU		 		I 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 G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	o as shown in the boxes	above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY	/-SEVENTH	SUBSCRIBER GROU		TT .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		ļ			·····			Syndicated Exclusivity
		 		-				Surcharge
								for
								Partially
		-						Distant
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		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	FTY-NINTH	SUBSCRIBER GROU	Р	ONE HUND	RED SIXTIETH	H SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···	 		-	·····		····	
			···					
		-						
		-						
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	I*				·r	<u>-</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t	he base rat	te fees for each subs				\$	0.00	

SCRIBER GROUP OND SUBSCRIBER GROUP		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROUND COMPUTATION COMPUTATION COMPUTATION COMPUTATION OF SUBSCRIBER GROUND COMPUTATION COM		В
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Comp						
CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R						
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	.					
0.00		T	0.00			
0.00		Total DSEs	0.00			otal DSEs
up <u>\$ 0.00</u>	d Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First G
up \$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
DTIL CURCOURED CROUD	FOURTU		ID.	CLIDSCOUDED CDOL	TUIDD	
RTH SUBSCRIBER GROUP	FOURTH	COMMUNITY/ A DE A		SUBSCRIBER GRO	THIRD	
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
E CALLSIGN DSF	DSF	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN
E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
CALL SIGN DSE	DSE	Total DSEs	0.00	CALL SIGN	DSE	
0.00				CALL SIGN		otal DSEs
0.00		Total DSEs	0.00			CALL SIGN
0.00	Group	Total DSEs	0.00		Group	Total DSEs

Name	YSTEM ID# 1786							LEGAL NAME OF OWNE HOOD CANAL TE
				TE FEES FOR EACH				В
9		SUBSCRIBER GROU	SIXTH	COMMUNITY ASS.		SUBSCRIBER GROU	FIFTH	COMMUNITY ASS
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicate Exclusivit Surcharge for Partially Distant						-	<u></u>	
Surcharg for Partially								
for Partially Distant	····			•••••		-		
Partially								
Distant								
Stations					<u>.</u>			
								
	<u></u>							•••••
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	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	•	SUBSCRIBER GROU		Base Rate Fee Secon		SUBSCRIBER GROU		
	•			Base Rate Fee Secon COMMUNITY/ AREA				
	JP				JP			
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	SEVENTH	CALL SIGN
	DSE O.00	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	CALL SIGN

Name	YSTEM ID# 1786					E CO. INC.	LEPHON	HOOD CANAL TEI
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU	TENTH	OOMAN DUTY ASSE		SUBSCRIBER GROL	NINTH	001414111111111111111111111111111111111
Computa	U			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE Ba	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate		-						
and		-						
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Distant		-						
Station		-					·	
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	0.00			Total DSEs	0.00			otal DSEs
					0.00	•	roup	Gross Receipts First G
	0.00	\$	d Group	Gross Receipts Secon		\$	loup	noss receipts i list of
	0.00	\$	d Group	Gross Receipts Secon		<u>\$</u>	loup	noss recorpts i nat of
	0.00	\$		Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00		roup	i ase Rate Fee First Gr
	0.00	\$	d Group		0.00	\$	roup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA
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	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	CALL SIGN
	0.00	SUBSCRIBER GROU	d Group TWELVTH DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GROUND CALL SIGN	DSE	ELECOMMUNITY/ AREA CALL SIGN Cotal DSEs
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee First Gr EL COMMUNITY/ AREA

LEGAL NAME OF OWNER HOOD CANAL TEL						S	YSTEM ID# 1786	Name
BL	. <u>OC</u> K_A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCE	RIBER GROUP		
THIR	RTEENTH	SUBSCRIBER GRO	DUP	F	OURTEENTH	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		OUP	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
			<u></u>					for Partially
			···					Distant
								Stations
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First Gr	าดเมต	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						· ·		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TEENTH	SUBSCRIBER GRO)UP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the		e fees for each subspace L (page 7)	scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN						S	1786	Name
				TE FEES FOR EAC				
	NTEENTH	SUBSCRIBER GRO		i i		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
	<mark></mark>							Syndicated
	<u></u>							Exclusivity
							·····	Surcharge for
	<u>-</u>				••••			Partially
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Fotal DSEs		!	0.00	Total DSEs		!!	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GRO	DUP		TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	•		0.00	Total DSEs			0.00	
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	ne base rat	e fees for each sub	scriber group	as shown in the boxe	s above.			

							LEGAL NAME OF OWNE HOOD CANAL TE
CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP	SUBSCRIBER GRO	/-SECOND			SUBSCRIBER GROU	TY-FIRST	
O COMMUNITY/ AREA O				0			COMMUNITY/ AREA
				DSE	CALL SIGN	DSE	CALL SIGN
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		-	Total DSEs	0.00	<u> </u>		otal DSEs
	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
p <u>\$ 0.00</u> Gross Receipts Second Group <u>\$ 0.00</u>	*	•	•				
				0.00	\$	roup	Base Rate Fee First G
	\$	d Group	Base Rate Fee Secon	'			
\$ 0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Secon	JP			TWEN
Base Rate Fee Second Group \$ 0.00 THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU		TWEN'
Base Rate Fee Second Group \$ 0.00 THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	\$ SUBSCRIBER GROU	d Group Y-FOURTH	Base Rate Fee Secon TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWEN
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9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	TY-THIRD	
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6 Name	YSTEM ID# 1786					E CO. INC.		LEGAL NAME OF OWNE HOOD CANAL TE
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				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL CICIT	DOL	CALLE GIGIT	502	O, LEE GIGIT	1002	O'ALL GIGIT	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
		-						for
								Partially Distant
								Stations
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FIF	Y-FIRST	SUBSCRIBER GROU	JP	FIFT	Y-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third G	roup	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
	roup	\$			h Group	\$	-	
	·	\$				\$	-	

LEGAL NAME OF OWNE HOOD CANAL TEL			•			S	YSTEM ID# 1786	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	Base Rate Fee
								and
		-			<u> </u>			Syndicated
					•••			Exclusivity
								Surcharge
								for
								Partially
		-						Distant
								Stations
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					<u></u>		<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FIF	Y-FIFTH	SUBSCRIBER GROU	JP	F	IFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	J							
		<u> </u>		II	-		-	
Total DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
Total DSEs Gross Receipts Third G	·	\$	0.00	Gross Receipts Fourt		\$	0.00	
	·	\$				\$	_	

	1786	S'					NER OF CABI	HOOD CANAL TE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity		<u> </u>	-					
Surcharge		-	<u>.</u>		<u>.</u>		······	
for Partially	·····						·····	
Distant		-	•					
Stations			 		 			
•								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	t Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	t Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	SIXTIETH		UP	SUBSCRIBER GROU	IFTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU		
		SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA		SUBSCRIBER GROU		
	0				0		Α	COMMUNITY/ AREA
	0				0		Α	COMMUNITY/ AREA
	0				0		Α	COMMUNITY/ AREA
	0				0		Α	COMMUNITY/ AREA
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	0				0		Α	COMMUNITY/ AREA
	DSE				DSE		Α	CALL SIGN
	0		DSE	CALL SIGN	0		DSE	CALL SIGN CALL SIGN Total DSEs
	0 DSE		DSE	Total DSEs	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA

IOOD CANAL TELEPHO	BLE SYSTEM: NE CO. INC.					1786	Name
BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
	SUBSCRIBER GRO				SUBSCRIBER GRO		9
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicated
	<u> </u>						Exclusivity
					-		Surcharge
		···		<u></u>			for Partially
		···					Distant
					H		Stations
		<u></u>		<mark></mark>	<u> </u>		
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
						7	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
·	SUBSCRIBER GRO				\$ SUBSCRIBER GRO	•	
·				Y-FOURTH		•	
SIXTY-THIRI		UP	SIXT	Y-FOURTH		UP	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA) SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
SIXTY-THIRI OMMUNITY/ AREA CALL SIGN DSE	CALL SIGN	DSE DSE D.000	SIXT COMMUNITY/ AREA CALL SIGN Total DSEs	Y-FOURTH DSE	SUBSCRIBER GRO	DSE O.00	
SIXTY-THIRI OMMUNITY/ AREA CALL SIGN DSE) SUBSCRIBER GRO	DSE	SIXT COMMUNITY/ AREA CALL SIGN	Y-FOURTH DSE	SUBSCRIBER GRO	DSE	

EGAL NAME OF OWNER OF CAB OOD CANAL TELEPHON						1786	Name
			TE FEES FOR EACH				
	SUBSCRIBER GRO			XTY-SIXTH	SUBSCRIBER GRO		9
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
	 -				-		Syndicated
	H			<u></u>	<u> </u>		Exclusivity
	-			<u></u>	-		Surcharge
······	-						for Partially
	H	•••			-		Distant
					-		Stations
				<u></u>			
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otal DSEs		0.00	Total DSEs			0.00	
	•	0.00	Gross Receipts Secon	nd Group	\$	0.00	
ross Receipts First Group	<u>\$</u>						
ross Receipts First Group	<u>\$</u>						
ross Receipts First Group ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ase Rate Fee First Group		0.00	Base Rate Fee Secon	TY-EIGHTH	\$ SUBSCRIBER GRO	•	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	TY-EIGHTH	1	•	
ase Rate Fee First Group SIXTY-SEVENTH	\$	0.00	Base Rate Fee Secon	TY-EIGHTH	1	UP	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group SIXTY-SEVENTH OMMUNITY/ AREA	\$ SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENTH OMMUNITY/ AREA CALL SIGN DSE Dotal DSEs	SUBSCRIBER GRO	0.00	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN Total DSEs	TY-EIGHTH DSE	SUBSCRIBER GRO	DSE O.00	
SIXTY-SEVENTH OMMUNITY/ AREA CALL SIGN DSE	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN	TY-EIGHTH DSE	SUBSCRIBER GRO	DSE	

None					E CO. INC.		LEGAL NAME OF OWNE HOOD CANAL TE
TATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
<u> </u>	SUBSCRIBER GRO	VENTIETH			SUBSCRIBER GROU	TY-NINTH	
0 COMMUNITY/ AREA 0 Comput				0			COMMUNITY/ AREA
				DSE	CALL SIGN	DSE	CALL SIGN
Base Rat							
and							
Syndic							
Exclus							
Surcha							
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Statio							
					-		
0.00			Total DSEs	0.00			Total DSEs
0.00 Total DSEs 0.00	\$	d Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	<u>-</u>						
0.00 Gross Receipts Second Group \$ 0.00							
	\$	d Group		0.00	\$	roup	3ase Rate Fee First G
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00			Base Rate Fee Seco		\$ SUBSCRIBER GROU		
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00			Base Rate Fee Seco	JP			SEVEN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0			SEVEN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0	SUBSCRIBER GRO	/-SECOND	Base Rate Fee Second SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA CALL SIGN
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 RIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 Total DSEs 0.00	SUBSCRIBER GRO	/-SECOND	SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA CALL SIGN Fotal DSEs
0.00 Base Rate Fee Second Group SEVENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O SIGN DSE CALL SIGN DSE CALL SIGN DSE	SUBSCRIBER GRO	/-SECOND	SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE	SEVEN

Name	1786					E CO. INC.	LEPHON	HOOD CANAL TEI
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate Exclusivi							<u></u>	
Surcharg								
for						-		······
Partially								
Distant		_						
Stations						-		
							<u>-</u>	
•							<u>-</u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
=	0.00	\$		Base Rate Fee Secon	0.00	\$		
=	JP	\$ SUBSCRIBER GROU		SEVE	JP	\$ SUBSCRIBER GROU		SEVEN
=	•				'			SEVEN
	JP			SEVE	JP			SEVEN
-	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA
	DSE	SUBSCRIBER GROU	ITY-SIXTH	SEVE COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA CALL SIGN
	DSE O.00	SUBSCRIBER GROU	DSE	SEVE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.00	SUBSCRIBER GROU	DSE DSE	SEVEN COMMUNITY/ AREA CALL SIGN Fotal DSEs
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LEGAL NAME OF OWNER HOOD CANAL TEL						S	YSTEM ID# 1786	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED TWE	NTY-SECONE	SUBSCRIBER GROUP)	٥
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Total DSEs			0.00	Total DSEs			0.00	
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3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED TWE	NTY-FOURTH	I SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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LEGAL NAME OF OWNER HOOD CANAL TEL						S	YSTEM ID# 1786	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIFTH	SUBSCRIBER GROUP	_ _	ONE HUNDRED TW	ENTY-SIXTH	SUBSCRIBER GROUP		O
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NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUP)	
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	DSE O.00	SUBSCRIBER GROU	DSE DSE Group	ONE HUNDRED THI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	CALL SIGN	TY-FIFTH DSE Group	ONE HUNDRED THIR COMMUNITY/ AREA CALL SIGN Total DSEs

Name	7STEM ID# 1786							LEGAL NAME OF OWNER HOOD CANAL TEL
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED THIRTY-
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	YSTEM ID# 1786							HOOD CANAL TE
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	_OCK A: 0	Bl
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FOR	•	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED FOR
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	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
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	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
	0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED FOR

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HOOD CANAL TELEPHONE CO. INC. 1786								
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL	
^	ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP					SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED FOR	
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: HOOD CANAL TELEPHONE CO. INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
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LEGAL NAME OF OWNEI HOOD CANAL TEL			po.			S	YSTEM ID# 1786	Name	
				TE FEES FOR EACH					
	NE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP MMUNITY/ AREA 0				ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA				COMMUNITY/ AREA	9 Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
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ONE HUNDRED FIFT	V_FIFTH	SURSCRIBER GROU	ID	ONE HUNDRED FIL	TV_SIXTH	SUBSCRIBER GROU	ID		
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Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the	base rat	te fees for each subsc	riber group	as shown in the boxes a	above.				

<u>'</u>	LEGAL NAME OF OWNER OF CABLE SYSTEM: HOOD CANAL TELEPHONE CO. INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	Bl		
_	ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP					ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0				
9 Computation	COMMUNITY/ AREA 0							COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HOOD CANAL TELEPHONE CO. INC. 1786 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HOOD CANAL TELEPHONE CO. INC. 1786 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH 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 Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the 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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HOOD CANAL TELEPHONE CO. INC. 1786 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH 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 Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH 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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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