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 | | | | |
| 9/5/2019 | \$ 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 Period | 2019/1 | | | | |
| B | 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 | ss of the cable system on the last day of the counting perion | em the accounting period should s | | 3909 |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | |
| | CHIPPEWA VALLEY CABLE, INC. | | | | |
| | NTEC | | | | |
| | | | | 3909 | 920191 |
| | | | | 3909 | 2019/1 |
| | | | | | |
| | PO BOX 228 | | | | |
| | DURAND, WI 54736 | | | | |
| | INSTRUCTIONS: In line 1, give any business or trade names used to id | dentify the busines | ss and operation of the syst | em unless | these |
| С | names already appear in space B. In line 2, give the mailing address of | the system, if diffe | erent from the address give | n in space | B. |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | |
| | CHIPPEWA VALLEY CABLE, INC DBA NTEC | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: PO BOX 228 | | | | |
| | 2 (Number, street, rural route, apartment, or suite number) | | | | |
| | DURAND, WI 54736 (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 Community | ARKANSAW | WI | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | | | OUD | 000" |
| | CITY OR TOWN (SAMPLE) Alda | STATE MD | CH LINE UP A | | GRP# |
| Sample | Alliance | MD | В | | 2 |
| | Gering | MD | В | | 3 |
| | | | | | |

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

| FORM SASE. PAGE 10. | | | CVCTEM ID# | | | | | | |
|--|--------------------|--------------------|------------|------------------------|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | |
| CHIPPEWA VALLEY CABLE, INC. | | | 3909 | | | | | | |
| 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 hot below the identified city or town. | me parks should b | e reported in pare | 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-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns | d a subscriber gro | | | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | | | |
| ARKANSAW | WI | I | 1 | First | | | | | |
| DURAND (CITY) | WI | R | 1 | Community | | | | | |
| DURAND (TOWN) | WI | I | 1 | - | | | | | |
| GILMANTON | WI | I | 1 | | | | | | |
| MONDOVI | WI | R | 1 | | | | | | |
| NELSON (VILLAGE) | WI | I | 1 | See instructions for | | | | | |
| PLUM CITY | WI | R | 2 | additional information | | | | | |
| | | | | on alphabetization. | | | | | |
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| | | | | Add rows as necessary. | | | | | |
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CHIPPEWA VALLEY CABLE, 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.

| CK 1 | | BLOCK 2 | | | |
|-----------------------|--------------------------------|--|--|--|--|
| NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | |
| | | | | | |
| 1,228 | \$ 94.65 | | 716 | \$ 115.00 | |
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| | NO. OF SUBSCRIBERS 1,228 | NO. OF SUBSCRIBERS RATE 1,228 \$ 94.65 | NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 1,228 \$ 94.65 IPTV | NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 1,228 \$ 94.65 IPTV 716 | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | | BLOCK 2 | | | | |
|---|----------|---|----------|----|-------------------|------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CA | TEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | | |
| Pay cable | \$ 12.95 | | | | | |
| 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 | \$ 38.00 | | | |
| Converter | | Disconnect | | | | |
| | | Outlet relocation | | | | |
| | | Move to new address | | | | |
| | | | | • | | |

| FURM SA3E. PAGE 3. | | /OTEM: | | | SYSTEM ID | # | | |
|---|--|--|---|--|--|---|--|--|
| CHIPPEWA VA | | | | | 390 | Namo | | |
| PRIMARY TRANSMITTE | | • | | | | | | |
| 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 | system during toons in effect of 6.61(e)(2) and (sis, as explaine stations: With CC rules, regular | he accounting In June 24, 19 4), or 76.63 (Id in the next respect to any ations, or auth | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations porizations: | (1) stations carrine carriage of cert 1(e)(2) and (4))]; s carried by your | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program | G Primary Transmitters: Television | | |
| 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 or an approach 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-ups. | | | | | | | | |
| | | CHANN | EL LINE-UP | AA | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
| wcco | 4 | N | Yes | 0 | MINNEAPOLIS, MN | | | |
| KSTP | 5 | N | Yes | 0 | ST PAUL, MN | See instructions for | | |
| WHWC | 28 | Е | No | | MENOMONIE, WI | additional information on alphabetization. | | |
| WKBT | 8 | N | No | | LA CROSSE, WI | on alphabetization. | | |
| WQOW | 18 | N | No | | EAU CLAIRE, WI | | | |
| WEAU | 13 | N | No | | EAU CLAIRE, WI | | | |
| KARE | 11 | N | Yes | 0 | MINNEAPOLIS, MN | | | |
| CW/WQOW 18.2 N No EAU CLAIRE, WI | | | | | | | | |
| Decades/WQOW 18.3 N No EAU CLAIRE, WI | | | | | | | | |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3909 CHIPPEWA VALLEY CABLE, 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 | | | | | | SYSTEM ID# | Name |
| CHIPPEWA VALLEY C | ABLE, IN | C. | | | | 3909 | Name |
| SUBSTITUTE CARRIAGI | E: SPECIA | L STATEMEN | NT AND PROGRAM LOG | i | | | |
| In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN* • During the accounting per | ccounting pening that must represent the concernion of the concern | eriod, under spe st be included in NING SUBST | ecific present and former FC in this log, see page (v) of the TTUTE CARRIAGE | C rules, regula e general instr | ations, or authoriza uctions located in twork television pi | ations. For a further the paper SA3 form. | Substitute Carriage: Special Statement and |
| broadcast by a distant sta Note: If your answer is "No | | root of this no | no blank. If your answer is | 'Voc." vou mu | | Yes XNo | Program Log |
| log in block 2. | , leave the | rest or triis paç | ge blank. If your answer is | res, you mu | ist complete the p | orogram | |
| 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 no distant state gulations, o otion. Do no Lucy" or "NE m was broad sign of the sadcast stationatian stationatia | attach addition nnetwork televion and that your authorization to use general of BA Basketball: deast live, ente station broadca on's location (thons, if any, the when your system a program carri- listed program ons in effect du | al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ed by a system from 6:01: was substituted for programing the accounting period | rogram) that, d for the progreral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:20 mming that yo; enter the lett | during the accourramming of anoth ns located in the plant is specific programmed by the FCC tiffied). List the times access the second programmed by the first the times access to p.m. should bour system was reter "P" if the listed | nting per station paper gram or, in he month curately be equired I pro | |
| 5 | SUBSTITUT | E PROGRAM | 1 | | N SUBSTITUTE | 1 7 REASON | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — | DELETION | |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
CHIPPEWA VALLEY CABLE, INC.
3909

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

| LEGA | L NAME OF OWNER OF CABLE SYSTEM: PPEWA VALLEY CABLE, INC. | | SYSTEM ID# | Name | | | | | | |
|--|--|----------------------|-------------------------|---|--|--|--|--|--|--|
| GRO Inst | OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second | ondary transmissio | e total of n service | K Gross Receipts | | | | | | |
| page | (as identifed 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. \$ 1,156,651.56 | | | | | | | | | |
| IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts) | | | | | | | | | | |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | | | | |
| | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below. | e entered on line 1 | of | | | | | | | |
| If pa | rt 6 of the DSE schedule was completed, the amount from line 7 of block ${\sf C}$ should be a low. | entered on line 2 ir | n block | | | | | | | |
| | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | uld be entered on | line | | | | | | | |
| 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. | e is 1.064 percent | of the | | | | | | | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 | \$ | 1,156,651.56 | | | | | | | |
| | Enter the result here. This is your minimum fee. | \$ | 12,306.77 | | | | | | | |
| | 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 period Yes—Complete the DSE schedule. | nn 4, you must che | eck | | | | | | | |
| 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 | \$ | 8,675.73 | | | | | | | |
| | 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 | \$ | 8,675.73 | | | | | | | |
| 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 | \$ | 12,306.77 | 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. | | 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 the Licensing | | | | | | |
| | Line 4. FILING FEE | | | | | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | 13,031.77 | appropriate form for submitting the additional fees. | | | | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (separate instructions located in the paper SA3 form for more information.) | See page (i) of the | | | | | | | | |

| NI | LEGAL NAME OF OWNER OF | CABLE SY | STEM: | SYSTEM ID# | | | | | |
|---------------|---|--------------|---|----------------------------|--|--|--|--|--|
| Name | CHIPPEWA VALLEY | Y CABI | .E, INC. | 3909 | | | | | |
| | CHANNELS | | | | | | | | |
| М | Instructions: You mus | ıst give (| 1) the number of channels on which the cable system carried television broadca | st stations | | | | | |
| | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | | | | | | | | |
| Channels | | | | | | | | | |
| | | | nannels on which the cable | 9 | | | | | |
| | system carried televis | ision bro | adcast stations | | | | | | |
| | 2. Enter the total numb | ber of ac | ctivated channels | | | | | | |
| | on which the cable sy | system c | arried television broadcast stations | 59 | | | | | |
| I | and nonbroadcast se | ervices . | | | | | | | |
| | | | | | | | | | |
| N | | | CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual | | | | | | |
| Individual to | we can contact about the | this stat | ement of account.) | | | | | | |
| Be Contacted | | | | | | | | | |
| for Further | Name Laura Gu | ullicks | on Telephone | 715-672-4204 | | | | | |
| Information | | | | | | | | | |
| | Address PO BOX | 228 | | | | | | | |
| | (Number, stree | et, rural ro | ute, apartment, or suite number) | | | | | | |
| | Durand, \ | | 736 | | | | | | |
| | (City, town, stat | ate, zip) | | | | | | | |
| | Email la | laura@ | Intec.net Fax (optional) 715-672 | <u>-</u> 4344 | | | | | |
| | | | | | | | | | |
| | CERTIFICATION (This s | stateme | nt of account must be certifed and signed in accordance with Copyright Office re | egulations | | | | | |
| 0 | ozitiii ioztiion (iiiio c | otatome | The of decount made be defined and digned in decondance with copyright clines to | agaidtiono. | | | | | |
| Certifcation | • I, the undersigned, here | reby cert | ify that (Check one, but only one, of the boxes.) | | | | | | |
| | , | , | , · · · · · · · · · · · · · · · · · · · | | | | | | |
| | (Owner other than c | corpora | tion or partnership) I am the owner of the cable system as identifed in line 1 of space | ce B; or | | | | | |
| | | | | | | | | | |
| | | | corporation or partnership) I am the duly authorized agent of the owner of the calchat the owner is not a corporation or partnership; or | ole system as identified | | | | | |
| | in line 1 of space | e B and | that the owner is not a corporation or partnership, or | | | | | | |
| | | | officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as | owner of the cable system | | | | | |
| | in line 1 of space | е в. | | | | | | | |
| | | | t of account and hereby declare under penalty of law that all statements of fact conta | ined herein | | | | | |
| | [18 U.S.C., Section 100 | | to the best of my knowledge, information, and belief, and are made in good faith. | | | | | | |
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| ı | | ſ | | | | | | | |
| ı | | X | /s/ Christy Berger | | | | | | |
| | _ | Enter on | electronic signature on the line above using an "/a/" signature to codify this atetament | | | | | | |
| | (€ | (e.g., /s/ | electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your curso | | | | | | |
| | "F | "F2" butto | on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot | us compatibility settings. | | | | | |
| | Typed or printed name: Christy Berger | | | | | | | | |
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| | | | | | | | | | |
| | т | Title: | GM/Exec VP | | | | | | |
| | ı | ilue. | (Title of official position held in corporation or partnership) | | | | | | |
| | | | | | | | | | |
| | D | Date: | July 31, 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

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name | | | |
|--|----------------------|-----------------------------|--|--|--|
| CHIPPEWA VALLEY CABLE, INC. | 3909 | | | | |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | | | | | |
| For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for sec | | Gross Receipts Exclusion | | | |
| made by satellite carriers to satellite dish owners? X NO | ondary transmissions | | | | |
| | | | | | |
| YES. Enter the total here and list the satellite carrier(s) below | | | | | |
| Name Name Name Mailing Address Mailing Address | | | | | |
| | | | | | |
| INTEREST ASSESSMENTS | | | | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late paying For an explanation of interest assessment, see page (viii) of the general instructions in the paper | | Q | | | |
| Line 1 Enter the amount of late payment or underpayment | x | Interest Assessment | | | |
| 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) | (interest charge) | | | | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | | | | | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | | | | | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. | | | | | |
| Owner Address | | | | | |
| | | | | | |
| First community served | | | | | |
| Accounting period ID number | | | | | |
| | | | | | |

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

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

| 4 0,000 | | | | | | |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|--|
| 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 | | | | | | | | | | | | |
|----------------------|---|--------------------|----------------------------------|-------------------|---------------------------|-----------|--|--|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CABL | E SYSTEM: | | | S | YSTEM ID# | | | | | | |
| ı | CHIPPEWA VALLEY CA | BLE, INC. | | | | 3909 | | | | | | |
| | SUM OF DSEs OF CATEGOR | RY "O" STATIOI | NS: | | | | | | | | | |
| | Add the DSEs of each station | | | | | | | | | | | |
| | Enter the sum here and in line | 1 of part 5 of thi | s schedule. | | 0.75 | <u>.</u> | | | | | | |
| • | Instructions: | | | | | | | | | | | |
| 2 | In the column headed "Call S | Sign": list the ca | II signs of all distant stations | s identified by t | he letter "O" in column 5 | | | | | | | |
| Computation | of space G (page 3). In the column headed "DSE" | ': for each indep | endent station, give the DS | F as "1.0": for | each network or noncom- | | | | | | | |
| of DSEs for | mercial educational station, give the DSE as ".25." | | | | | | | | | | | |
| Category "O" | | | CATEGORY "O" STATIO | NS: DSEs | | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | | |
| | WCCO | 0.250 | KSTP | 0.250 | KARE | 0.250 | | | | | | |
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| Add rows as | | | | | | | | | | | | |
| necessary. | | | | - | | | | | | | | |
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| all formula into new | | | | <mark> </mark> | | | | | | | | |
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| Name | | WNER OF CABLE SYSTEM: /ALLEY CABLE, INC | C . | | | | | SYSTEM ID# 3909 |
|---|--|--|--|--|---|--|--|---------------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6 | at the call sign of all distate: For each station, give to correspond with the information: For each station, give to it is Divide the figure in colulat least to the third decires for each independent to the station. | he number of hours mation given in spa he total number of humn 2 by the figure in mal point. This is the station, give the "typolumn 4 by the figure." | your cable system of J. Calculate or column 3, and a "basis of carriage e-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 acceptance at the acceptance at the air during the decimals in column station. The properties of the acceptance at the air during the acceptance at the acce | e accounting perion 4. This figure mutial educational sta | od. ust tion, |
| Capacity | | C | ATEGORY LAC | STATIONS: | COMPUTAT | ION OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEM | JRS C ED BY S M C | UMBER F HOURS TATION N AIR | 4. BASIS OI CARRIAC VALUE | GE \ | TYPE /ALUE | 6. DSE |
| | | | ÷ | | | | | |
| | | | ÷ | | | | = = | |
| | | | ÷ | | | x | = | |
| | | | | | | | | |
| | | | ÷ ÷ | | = | х х | = | |
| | | | ÷ | : | | x | = | |
| | Add the DSEs of | OF CATEGORY LAC S of each station. m here and in line 2 of p | | e, | ▶ | | 0.00 | |
| Computation of DSEs for Substitute-Basis Stations | • Was carried tions in effer Broadcast or space I). Column 2: Fat your option. Tolumn 3: E | e the call sign of each state by your system in substant on October 19, 1976 (ne or more live, nonnetwork). For each station give the This figure should correst content the number of days Divide the figure in columnia is the station's DSE | itution for a program as shown by the let ork programs during number of live, nor spond with the informs in the calendar year in 2 by the figure in (For more informatical as shown in the calendar year). | n that your system that your system ter "P" in column that optional carr network program mation in space I. ar: 365, except in column 3, and gion on rounding, s | was permitted 7 of space I); an iage (as shown by s carried in substance a leap year. We the result in cee page (viii) of | to delete under FC d y the word "Yes" in c stitution for progran olumn 4. Round to the general instruc | C rules and regular olumn 2 of as that were deleted no less than the the things in the paper | ed |
| | | SU | BSTITUTE-BAS | IS STATION | S: COMPUTA | ATION OF DSE | is | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRA | OF D | AYS |
| | | ÷ | | = | | | ÷ | = |
| | | ÷ | | = | | | ÷ | = |
| | | ÷ | | = | | | ÷ | = |
| | | ÷ | | = | | | ÷ | = |
| | Add the DSEs of | ÷ OF SUBSTITUTE-BAS of each station. m here and in line 3 of p | IS STATIONS: | e, | | | 0.00 | - |
| 5 Total Number of DSEs | number of DSEs 1. Number of 2. Number of | R OF DSEs: Give the am applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ● | | s in parts 2, 3, and | 4 of this schedul | le and add them to p | 0.75 0.00 0.00 | |
| | TOTAL NUMBE | R OF DSEs | | | | | - | 0.75 |

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

| CHIPPEWA V | | | | | | | S | YSTEM ID# 3909 | Name |
|--|---|---|--|---|--|---|---|-------------------|--|
| schedule. | ck A must be come "Yes," leave the re | emainder of _l | • | 7 of the DSE sche | edule blank a | nd complete pa | art 8, (page 16) of | the | 6 |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | ELEVISION M. | ARKETS | | | | Computation of |
| I <u></u> | | schedule—I | • | | | | ` | gulations in | 3.75 Fee |
| | | BLO | CK B: CARR | IAGE OF PERI | MITTED DS | SEs | | | |
| Column 1: CALL SIGN | under FCC rules | and regulati e DSE Sche | ons prior to Ju edule. (Note: Tl | part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.) | urther explana | ation of permitt | ed stations, see th | he | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions for E Carried pursua | ed pursuant on as define al education d station (76. or DSE scheo ant to individ viously carrie JHF station v | ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tin vithin grade-B | 76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(| ose in effect of 6.57, 76.59(b) e)(1), 76.63(a) e3(a) referrint bstitution of go | n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) irandfathered s | 76.63(a) referring 76.61(e)(1 stations in the | | |
| 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 | |
| WCCO | D | 0.25 | KSTP | A | 0.25 | KARE | D | 0.25 | |
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| | | | | | | | | | |
| | | | | | | | | 0.75 | |
| | | | | | | | | 0.75 | |
| | | В | LOCK C: CO | MPUTATION OF | F 3.75 FEE | | | | |
| Line 1: Enter the | e total number of | DSEs from | part 5 of this | schedule | | | | | |
| Line 2: Enter the | e sum of permitte | d DSEs fro | m block B ab | ove | | | 1 | | |
| | line 2 from line 1 leave lines 4–7 b | | | • | | rate. | | | |
| Line 4: Enter gro | oss receipts from | space K (p | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially |
| Line 5: Multiply I | line 4 by 0.0375 | and enter s | um here | | | | x | | permited/ partially nonpermitted |
| Line 6: Enter tot | al number of DSI | Es from line | e 3 | | | | | | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply I | line 6 by line 5 ar | nd enter hei | re and on line | 2, block 3, spac | e L (page 7) | | | 0.00 | |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CHIPPEWA VALLEY CABLE, INC. 3909 **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 | CHIPPEWA VA | | | | | | | | s | 3909 |
|---|---|----------------------|------------------------------|--------------------|-----|---|------------|-------------------|-------------------|----------|
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters | | | | | | | | 981 ne enterei | |
| | | PERMITTED | DSE FOR STA | TIONS CARRIE | ΞD | ON A PART-TIME AN | ID SUBSTI | TUTE BASIS | | |
| | 1. CALL | 2. PRIOR | | COUNTING | | 4. BASIS OF | | RESENT | 6. P | ERMITTED |
| İ | SIGN | DSE | | ERIOD | | CARRIAGE | | OSE | | DSE |
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| 7 Computation | Instructions: Block A In block A: If your answer is | | | below. | | | | | | |
| of the | , | | , | | ра | art 8 of the DSE schedu | ule. | | | |
| Syndicated | | | BLOCK | (A: MAJOR | TE | ELEVISION MARK | ET | | | |
| Exclusivity Surcharge | l <u> </u> | cable system with | , , | or television marl | ket | as defined by section 7 | | rules in effect J | une 24, | 1981? |
| | BI OCK B. C. | arriage of VHE/G | Grade B Contour | Stations | ٦ | RI OCK | (C: Compu | tation of Exem | ant DSE | |
| | Is any station listed in commercial VHF station in part, over the call | block B of part 6 | 6 the primary stre | eam of a | | Was any station listed nity served by the cab to former FCC rule 76 | in block B | of part 7 carrie | ed in any | commu- |
| | l' | tation below with it | ts appropriate pern rt 8. | nitted DSE | | Yes—List each st X No—Enter zero a | | | ate permi | tted DSE |
| | CALL SIGN | DSE | CALL SIGN | DSE | | CALL SIGN | DSE | CALL SIG | en . | DSE |
| | | | | | | | | •••••• | | |
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| | | | TOTAL DSEs | 0.00 | | | | TOTAL DS | Es | 0.00 |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: CHIPPEWA VALLEY CABLE, INC. 3909 | Name |
|---------------|--|-------------------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | Computation |
| | B. Enter the total number of exempt DSEs from block C of part 7 | of the Syndicated Exclusivity |
| | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8 | Surcharge |
| • Is an | y portion of the cable system within a top 50 television market as 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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | |
| | D. Multiply line B by line C and enter here | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | |
| | C. Multiply line B by 3.000 and enter here | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | |
| | F. Multiply line D by line E and enter here | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | |
| | 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 DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | |
| | D. Multiply line B by line C and enter here | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | |

| Name | LEGAL NAM | ME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|---|---|--|------------|
| - Hamo | (| CHIPPEWA VALLEY CABLE, INC. | 3909 |
| Computation of the Syndicated Exclusivity Surcharge | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1) | |
| | | D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$ | |
| | | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. | |
| | | F. Multiply line D by line E and enter here | |
| | | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) | |
| | | Syndicated Exclusivity Surcharge | |
| 8 Computation of Base Rate Fee | You m 6 was In blo If you If you blank What i | ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be in the carried it, some of your subscribers are a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions. | low |
| | | 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 2 | Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). | |
| | Section 3 | If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. | |
| | | A. Enter 0.01064 of gross receipts (the amount in section 1) | |
| | | 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 |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/1

| LEGAL NAME OF OWNER OF CABLE S | | SYSTEM ID# 3909 | Name |
|---|--|--------------------|---|
| | than 4.000, compute your base rate fee here and leave section 3 blank. | | |
| A. Enter 0.01064 of gross (the amount in section | receipts 1) **S | _ | 8 |
| B. Enter 0.00701 of gross (the amount in section | receipts 1) > _ \$ | | Computation of Base Rate Fee |
| C. Multiply line B by 3.000 | and enter here > \$ | | Duod Rato I do |
| D. Enter 0.00330 of gross (the amount in section | receipts 1) > \$ | | |
| E. Subtract 4.000 from tot (the figure in section 2) | al DSEs and enter here▶ | | |
| F. Multiply line D by line E | and enter here \$ | | |
| G. Add lines A, C, and F. Enter here and in block Base Rate Fee | This is your base rate fee. : 3, line 1, space L (page 7) ▶ \$ | 0.00 | |
| | eary to report television signals on a system-wide basis. Carriage of television broadcar-by-community basis (subscriber groups) if the cable system reported multiple channels. | | 9 |
| In General: If any of the stations you | u carried were partially distant, the statute allows you, in computing your base rate fee thin the station's local service area, from your system's total gross receipts. To take a | | Computation of Base Rate Fee |
| First: Divide all of your subscribers station or the same group of stations DSEs and the portion of your system | into subscriber groups, each group consisting entirely of subscribers that are distant to so Next: Treat each subscriber group as if it were a separate cable system. Determine n's gross receipts attributable to that group, and calculate a separate base rate fee for ate fees for each subscriber group. That total is the base rate fee for your system. | the number of | and Syndicated Exclusivity Surcharge |
| also compute a Syndicated Exclusiv | ystem is located within the top 100 television market and the station is not exempt in pity Surcharge for each subscriber group. In this case, complete both block A and B bed outside all major television markets, complete block A only. | ' ' | for Partially Distant Stations, and |
| How to Identify a Subscriber Grou | • | P | for Partially Permitted |
| carried to that community. | l, determine the local service area of each wholly distant and each partially distant sta | tion you | Stations |
| | each partially distant station you carried, determine which of your subscribers were loea. A subscriber located outside the local service area of a station is distant to that state to the subscriber.) | | |
| subscriber group must consist entire | subscriber groups according to the complement of stations to which they are distant. By of subscribers who are distant to exactly the same complement of stations. Note the group when the distant stations it carried have local service areas that coincide. | | |
| Computing the base rate fee for e groups. In each section: | ach subscriber group: Block A contains separate sections, one for each of your sys | stem's subscriber | |
| Identify the communities/areas rep | , , | | |
| Give the call sign for each of the st subscribers in the group. If: | ations in the subscriber group's complement—that is, each station that is distant to al | I of the | |
| | side all major and smaller television markets, give each station's DSE as you gave it i | n parts 2, 3, | |
| | tted in a major or smaller televison market, give each station's DSE as you gave it in b | olock B, | |
| Add the DSEs for each station. This | s gives you the total DSEs for the particular subscriber group. | | |
| Calculate gross receipts for the sul in the paper SA3 form. | bscriber group. For further explanation of gross receipts see page (vii) of the general i | instructions | |
| page. In making this computation, u | subscriber group using the formula outline in block B of part 8 of this schedule on the use the DSE and gross receipts figure applicable to the particular subscriber group (the fatations and total gross receipts from the subscribers in that group). You do not nee | at is, the total | |

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

actual calculations on the form.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3909 CHIPPEWA VALLEY CABLE, 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 CHIPPEWA VALL | | | | | | \$ | SYSTEM ID# 3909 | Name |
|------------------------------------|----------------|------------------|---------------|----------------------|-----------------|----------------|--------------------|------------------|
| В | SLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EA | CH SUBSCR | IBER GROUP | | |
| | FIRST | SUBSCRIBER GRO |)UP | | SECOND | SUBSCRIBER GRO |)UP | • |
| COMMUNITY/ AREA PIERCE COUNTY | | | | COMMUNITY/ ARE | 9 Computatio | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| | | | | | | | | |
| Total DSEs | - | | 0.00 | Total DSEs | • | | 0.75 | |
| Gross Receipts First G | Group | \$ 6 | 9,467.92 | Gross Receipts Se | cond Group | \$ 1,0 | 087,183.64 | |
| | | | | | | | | |
| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Se | | \$ | 8,675.73 | |
| | THIRD | SUBSCRIBER GRO | | | FOURTH | SUBSCRIBER GRO |)UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | ΞΑ | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| otal DSEs | | - | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts For | urth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee For | urth Group | \$ | 0.00 | |
| | | | | Ш | | | | |
| | | | scriber group | as shown in the boxe | es above. | | 0 675 70 | |
| Inter here and in bloc | k 3, line 1, | space L (page 7) | | | | \$ | 8,675.73 | |

| | FIRST | SUBSCRIBER GRO | | TE FEES FOR EAC | SECOND | RIBER GROUP SUBSCRIBER GROU | JP | |
|---|------------------------------------|-------------------------------|-------------|--------------------|-----------|--------------------------------|---------------|----------------------|
| | PIERCE | | DUP | COMMUNITY/ ARE | | SUBSCRIBER GROU | JP | 1 |
| | | COUNTY | | COMMUNITY/ ARE | A DUCCA | | | 9 |
| CALL SIGN | DSE | COMMUNITY/ AREA PIERCE COUNTY | | | A BUFFA | LO, PEPIN, DUNN | Computation | |
| | | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| | | | | | ••••• | | | |
| Total DSEs | | | 0.00 | Total DSEs | <u> </u> | | 0.00 | |
| Gross Receipts First Gr | oup | \$ 69 | 9,467.92 | Gross Receipts Sec | ond Group | \$ 1,0 | 87,183.64 | |
| | | | | | | | | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| _ | THIRD | SUBSCRIBER GRO |)UP | | FOURTH | I 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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| | L | | 0.00 | Total DSEs | | | 0.00 | |
| Total DSEs | Gross Receipts Third Group \$ 0.00 | | 0.00 | | | | 0.00 | |
| | oup | | | 11 | | | | |
| | roup | | | | | | 1 | 1 |
| Total DSEs Gross Receipts Third G Base Rate Fee Third G | | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Gross Receipts Third G | | | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |

ACCOUNTING PERIOD: 2019/1

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CHIPPEWA VALLEY CABLE, INC. 3909 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