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					
08/27/2019	\$ 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 Period	20182				
	Instructions:				
Bowner	Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the busine  If there were different owners during the accounting period, only the owner  a single statement of account and royalty fee payment covering the entire accounting conducts the system's first filing. If not, enter the system's ID	ss of the cable system on the last day of the counting perion	em the accounting period should s	ubmi	1809
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Consolidated Communications Enterprise Services				
				6180920	191
				61809 201	182
	121 S 17th Street				
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic	dentify the busines	ss and operation of the syst	em unless these	
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	า in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	Consolidated Communications Enterprise Services				
	MAILING ADDRESS OF CABLE SYSTEM:  14859 W 95th Street				
	2 (Number, street, rural route, apartment, or suite number)				
	Lenexa, KS 66215-5220				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comn	nunity served below and rel	st on page 1b	
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First Community	LENEXA	KS			
Community	Below is a sample for reporting communities if you report multiple cha				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	<u> </u>
Sample	Alliance	MD MD	A B	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 1b.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Consolidated Communications Enterprise Services			61809	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first community."	orated communition to the community that	es within unincorp you list will serve	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.		=	ntheses	301104
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. It levant community	f you report any st with a subscriber	ations group,	
When reporting the carriage of television broadcast stations on a community-by-commu 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 by	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
LENEXA	KS	AA		First
KANSAS CITY	KS	AA		Community
KANSAS CITY	MO	AA		
MARRIAM	KS	AA		
MISSION	KS	AA		
OLATHE	KS	AA		See instructions for
OVERLAND PARK	KS	AA		additional information
PRAIRIE VILLAGE	KS	AA		on alphabetization.
SHAWNEE	KS	AA		
FAIRWAY	KS	AA		
LEAWOOD	KS	AA		
ROELAND PARK	KS	AA		Add rows as necessary.

1	

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Consolidated Communications Enterprise Services

SYSTEM ID#
61809

## 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.

BL	OCK 1			BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	F	RATE	
Residential:								
<ul> <li>Service to first set</li> </ul>	15,745	\$	35.64	HD Set Top Box-Res	124	\$	7.99	
<ul> <li>Service to additional set(s)</li> </ul>	14,028	\$	7.99	HD Set Top Box-Bus	295	\$	7.99	
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel	6,567	\$	35.64					
Commercial	310	\$	35.64					
Converter								
Residential	997	]				[		
Non-residential	127							
	I				-1			

## F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE	
Continuing Services:		Installation: Non-residential					
• Pay cable	\$ 35.64	Motel, hotel			DIGITAL TIER	\$	10.00
<ul> <li>Pay cable—add'l channel</li> </ul>	\$ 11.85	Commercial			PURCHASE AMP	\$	45.00
Fire protection		Pay cable			HD TIER	\$	8.00
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>	Pay cable-add'l channel				
Installation: Residential		Fire protection					
First set	\$ 49.99	Burglar protection					
<ul> <li>Additional set(s)</li> </ul>	\$ 25.00	Other services:					
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$ 25.00				
Converter		Disconnect	\$ 25.00				
		Outlet relocation					
		<ul> <li>Move to new address</li> </ul>					

FORM SA3E. PAGE 3.  LEGAL NAME OF OW	NER OF CARLE SY	/STEM:			SYSTEM ID#	!
Consolidated			rprise Servic	es	61809	Name
PRIMARY TRANSMITT			, p. 1.00			
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute Basis pasis under specifc For Do not list the station station was carried that the station here, basis. For further in the paper SA3 for Column 1: List eareach multicast stream cast stream as "WETA-simulcast).  Column 2: Give the station of licen which your cable seducational station, by (for independent multifor the meaning of the Column 4: If the station of local services column 5: If you headle system carried the station of local services carried the station of local services column 5: If you headle system carried the substitute of the station of local services carried t	G, identify ever system during to tions in effect on 6.61(e)(2) and (asis, as explaine Stations: With CC rules, regular ners in space of only on a subset, and also in spanformation concorm.  In associated with A-2". Simulcast the channel number in each case of the control of	y television standard accounting in June 24, 194, or 76.63 (ind in the next prespect to any attions, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in the station. In the station whether the station account in the local service in column and uring the station account in the local service in column on during the station and in the local service in column on during the station.	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations increased in the station was carried tute basis station report origination cording to its over the station is a network attain is a network, "N-M" (I educational), coe general instructivice area, (i.e. "or general	t (1) stations carried to carriage of certif (e)(2) and (4))]; is carried by your one Special Statem of both on a substitution, see page (v) on program service for the television station, D.C. This bork station, an indefer network multipor "E-M" (for network multipor "E-M" (for noncontions located in the television located in the television station, and indefer metwork multipor "E-M" (for network multipor "E-M") (for noncontions located in the televisions located in the mplete column 5,	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
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For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi  1. CALL SIGN  KCTV  WDAF  KMCI  KTWU  KSMO  KCPT-1 PBS  KCPT-2 PBS  KCPT-3 Create  KMBC  KSHB	sion of a distant at entered into o a primary trans simulcasts, also tree categories are location of ea Canadian station multiple chair channel with the categories are location of ea Canadian station multiple chair channel with the categories are location of ea Canadian station multiple chair channel with the categories are categories at large multiple chair channel with the categories are categories at large multiple chair channel with the categories are categories at large multiple chair channel with the categories are categories at large multiple chair channel with the categories	n or before Jumitter or an acoenter "E". If, see page (v), ch station. Foins, if any, givenel line-ups,  CHANN 3. TYPE OF STATION N I E N E E E	une 30, 2009, be ssociation repre you carried the of the general or U.S. stations, ee the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	etween a cable sy esenting the prima channel on any o instructions locate list the community e community with space G for each AA  5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the n which the station is identifed. It is channel line-up.  6. LOCATION OF STATION  Kansas City, KS  Kansas City, MO  Lawrence, KS  Topeka, KS  Kansas City, MO	additional information
For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi  1. CALL SIGN  KCTV  WDAF  KMCI  KTWU  KSMO  KCPT-1 PBS  KCPT-2 PBS  KCPT-3 Create  KCPT-4 PBS Kid  KMBC  KSHB  KPXE	sion of a distant at entered into o a primary trans simulcasts, also three categories he location of ea Canadian static and multiple characteristics.  2. B'CAST CHANNEL NUMBER  5. 4. 38. 11. 62.1. 19.1. 19.2. 19.3. s 19.4. 9 41. 50	n or before Jumitter or an acceptance of the set of the	une 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	etween a cable sy esenting the prima channel on any o instructions locate list the community e community with space G for each AA  5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the nawhich the station is identified. It is channel line-up.  6. LOCATION OF STATION  Kansas City, KS  Kansas City, MO  Lawrence, KS  Topeka, KS  Kansas City, MO  Kansas City, MO	additional information
For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these tolumn 6: Give the FCC. For Mexican or Note: If you are utilized and the side of the system	sion of a distant at entered into o a primary trans simulcasts, also tree categories are location of ea Canadian station multiple chair channel with the categories are location of ea Canadian station multiple chair channel with the categories are location of ea Canadian station multiple chair channel with the categories are categories at large multiple chair channel with the categories are categories at large multiple chair channel with the categories are categories at large multiple chair channel with the categories are categories at large multiple chair channel with the categories	n or before Jumitter or an acceptance of the set of the	une 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	etween a cable sy esenting the prima channel on any o instructions locate list the community e community with space G for each AA  5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the n which the station is identifed. It is channel line-up.  6. LOCATION OF STATION  Kansas City, KS  Kansas City, MO  Lawrence, KS  Topeka, KS  Kansas City, MO	additional informatio
For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these toolumn 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL	sion of a distant at entered into o a primary trans simulcasts, also three categories he location of ea Canadian static and multiple characteristics.  2. B'CAST CHANNEL NUMBER  5. 4. 38. 11. 62.1. 19.1. 19.2. 19.3. s 19.4. 9 41. 50	n or before Jumitter or an acceptance of the set of the	une 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	etween a cable sy esenting the prima channel on any o instructions locate list the community e community with space G for each AA  5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the nawhich the station is identified. It is channel line-up.  6. LOCATION OF STATION  Kansas City, KS  Kansas City, MO  Lawrence, KS  Topeka, KS  Kansas City, MO  Kansas City, MO	additional information

FORM SA3E. PAGE 3.					0./07514 ID#	T
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Communica	tions Enter	rprise Servic	es	61809	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasi	G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2)	y television st he accounting in June 24, 19 4), or 76.63 (in the next respect to any ations, or auth G—but do list titute basis. ace I, if the stateming substitute sign. Do not refer in a station acceptable with the station acceptable with the station. Whether the station whether the station. Whether the station acceptable (v) of the the local serving (v) of the ers in column on during the me basis becar multicast stream or before Jumitter or an acceptage (v) acceptage (v) gentle in the local serving in column on during the me basis becar multicast stream or before Jumitter or an acceptage (v) see page (v) s	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations corrizations: to it in space I (the ation was carried tute basis station report origination cording to its own be reported in contast assigned to the ation is a network etwork), "N-M" (I educational), one general instruction as assigned to the general instruction are accounting period a	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; as carried by your context of the statement of both on a substitute, see page (v) on a program service er-the-air designation of the television statifington, D.C. This rk station, an indefor network multion for network multion (for network multion), enter "Ye ons located in the inplete column 5, and. Indicate by entoclivated channel of ubject to a royalty tween a cable systemating the primarchannel on any of instructions located in the instructions located in any of instructions located in any of instructions located in the instructions located in	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
				•	which the station is identifed.	
Note: If you are utilizing	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.					0./07514 ID/	T
LEGAL NAME OF OWN					SYSTEM ID#	Namo
Consolidated C	Communica	tions Enter	rprise Servic	es	61809	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasi	G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2)	y television st he accounting in June 24, 19 4), or 76.63 (in the next respect to any ations, or auth G—but do list titute basis. ace I, if the stateming substitute sign. Do not refer in a station acceptable with the station acceptable with the station. Whether the station whether the station. Whether the station acceptable (v) of the the local service in column on during the me basis becare multicast stream or before Jumitter or an acceptage (v).	g period, except 81, permitting the referring to 76.6 paragraph. If the distant stations is a carried tute basis station report origination cording to its own to be reported in containing the containing to its own to be reported in containing to its own to be general instructive area, (i.e. "Containing period guse of lack of a peam that is not some 30, 2009, be sesociation repression of the general in the ge	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on a program service er-the-air designation of the television statistington, D.C. This ork station, an indefor network multicor "E-M" (for noncontrolled in the television of the television of the television statistington, D.C. This ork station, an indefor network multicor "E-M" (for noncontrolled in the television of the television	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your dering "LAC" if your cable system capacity. expaper your payment because it is the subject estem or an association representing ery transmitter, enter the designa- ether basis, enter "O." For a further end in the paper SA3 form.	Primary Transmitters: Television
	Canadian statio	ns, if any, giv	e the name of the	ne community with	which the station is licensed by the which the station is identified.	
Note. II you are utilizii	Ig munipie chai	•	EL LINE-UP	•	спаппетше-ир.	-
	I					-
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYST	ΓEM ID#	Name
Consolidated C	Communicat	tions Enter	prise Servic	es		61809	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pa	G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television standard page (v) of the local servage (v) of the local se	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried ute basis station eport origination coording to its own be reported in comparation in a sassigned to the same I 4 in Wash ation is a netwoetwork), "N-M" (I educational), one general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, in that is not some 30, 2009, be association repression of the general in true." It is not some 30, 2009, be association repression of the general in true. Stations, it is not some 30, 2009, be sociation repression of the general in true.	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statification, D.C. This work station, an indefor network multicute of "E-M" (for noncontext of the service of the television statification, part of the station, an indeformation located in the service of th	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system	m /	G Primary Transmitters: Television
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AD			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Namo
Consolidated C	Communicat	tions Enter	prise Servic	es	61809	1140
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	system during the consistence of	he accounting In June 24, 1984, or 76.63 (red in the next prespect to any attons, or auth G—but do list titute basis. In the stateming substitute sign. Do not red in a station accept the FCC hear, WRC is Chane station.	g period, except 81, permitting the referring to 76.6 paragraph. v distant stations orizations: t it in space I (the ation was carried trute basis station report origination coording to its over be reported in or ass assigned to the annel 4 in Wash	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the television station ington, D.C. This interest of carried to the television station of the television of the television station of the television of television of the television of television	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 ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify cion. For example, report multi- a stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial	G Primary Transmitters: Television
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local servi Column 5: If you ha cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	entering the lecast), "E" (for no ese terms, see ation is outside ce area, see properties entered "Yine distant static ion on a partain to entered into o a primary trans is included in the categories e location of ea Canadian static	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the a me basis becar multicast streen or before Ju mitter or an au columniter or an a	etwork), "N-M" ('I educational), of general instructive area, (i.e. "or general instructive, you must conaccounting period accounting period area of lack of a geam that is not some 30, 2009, be association repreyou carried the or of the general in U.S. stations, ie the name of the	for network multic.  or "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, s od. Indicate by ent ictivated channel c cubject to a royalty stween a cable sys senting the prima channel on any ot instructions locate list the community me community with	ast), "I" (for independent), "I-M" mmercial educational multicast). It paper SA3 form. It is in interest. If not, enter "No". For an expaper SA3 form. It is interest. It is i	
		CHANN	EL LINE-UP	AE		-
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Consolidated C	Communicat	tions Enter	prise Servic	es	61809	Name	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Substitute Substitute Substitute Substitute Substitute In Italian Substitute Substit	G, identify every eystem during the consist of effect on the consist of explained that is, as explained there in space only on a substant also in spatformation concern. The consist of explained the explained the in each case of entering the least), "E" (for nease terms, see	y television st he accounting in June 24, 19 4), or 76.63 (i d in the next   respect to any ations, or auth G—but do lis titute basis. ace I, if the sta terning substiff sign. Do not r in a station acc streams must ber the FCC has been estation. Whether the stater "N" (for no concommercia page (v) of the	period, except 81, permitting the referring to 76.6 paragraph. or distant stations orizations: to the it in space I (the ation was carried tute basis station report origination cording to its own be reported in common as assigned to the annel 4 in Wash pation is a netwo etwork), "N-M" (to educational), or general instructions.	(1) stations carrie carriage of certa 1(e)(2) and (4))]; as carried by your cee Special Statement both on a substitute, see page (v) on program services er-the-air designation of the television statifington, D.C. This rk station, an indefor network multic r "E-M" (for noncettions located in the station of the television station of the		G Primary Transmitters: Television	
planation of local servi Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	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						
Note: If you are utilizing	ig multiple char		•		channel line-up.		
	1	CHANN	EL LINE-UP	AF			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURM SAJE. PAGE 3.					OVOTEM ID#	I
Consolidated (			rprise Servic	es	SYSTEM ID# 61809	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON	<u>-</u>			
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during t ions in effect of 5.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (i ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc FC  Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	CC rules, regular here in space only on a substand also in spatioformation concorn. The station's call associated with a-2". Simulcast e channel numbers. For example ystem carried the in each case of entering the lecast), "E" (for nese terms, see ation is outside ice area, see prave entered "Yhe distant staticition on a part-tilision of a distant tentered into o a primary trans simulcasts, also ree categories e location of each canadian static canadian static	ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read to a station ace streams must be the FCC has, WRC is Change (v) of the the local serving age (v) of the the local serving the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. For sons, if any, given it to list and it is serving the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. For sons, if any, given it is see that is stream or serving the station.	tit in space I (the ation was carried tute basis station report origination or be reported in the ation is a network ation is a network ation is a network (I educational), or general instruct 4, you must corraccounting period ause of lack of a seam that is not some 30, 2009, be ssociation repreyou carried the of the general in truct at the control of the general in the social control of the general in the control of the general of the control of the ge	d both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statistington, D.C. This lork station, an indefor network multicute for "E-M" (for noncontrollor "E-M" (for noncontrollor to a column 5, so the column 6, so the colum	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	Television
Trotor in you are damen	- Ig manipio onai		EL LINE-UP	·	опатно што ир.	
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					SYSTEM ID#	Name
Consolidated C	Communicat	tions Enter	prise Servic	es	61809	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Communicat	tions Enter	prise Servic	es	61809	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated (	Communicat	tions Enter	prise Servic	es	61809	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FURM SAJE. PAGE 3.					OVOTEM ID#	
Consolidated C			rorise Servic	es	SYSTEM ID# 61809	Name
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					21/2	T
Consolidated C			rorise Servic	es	SYSTEM ID# 61809	Name
PRIMARY TRANSMITTE			prisc ocivic		0.1000	
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Communicat	tions Enter	prise Servic	es	61809	
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name
Consolidated C	Communica	tions Enter	prise Servic	es	61809	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated (	Communicat	tions Enter	rprise Servic	es	61809	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE S	/STEM:			SYSTEM II	Namo
Consolidated C	Communica	tions Enter	prise Servic	es	6180	09
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasis Substitute Pasis	G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2)	y television standard y television y te	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried the period of the same I (the stion was carried to the same I (the same	(1) stations carried the carriage of certain (e) (2) and (4))]; as a carried by your context of the special Statement of both on a substitution, see page (v) on a program service the er-the-air designation of the television statisticity of the television statisticity of the television statisticity of the television of the television statisticity of the television statisticity, enter "Yes ions located in the final television should be the television statistical of the television statistical of the television statistical of the television should be the television sha	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizir	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FURINI SAJE. PAGE 3.					OVOTEM ID#	
Consolidated C			rorise Servic	es	SYSTEM ID# 61809	Name
PRIMARY TRANSMITTE			P1100 001 110		0.000	
In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program base	G, identify ever system during t ions in effect of 5.61(e)(2) and ( sis, as explaine	y television st he accounting n June 24, 19 4), or 76.63 (ed in the next	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie te carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G  Primary  Transmitters:  Television
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C	CC rules, regular here in space only on a substand also in spatformation concern. The station's call associated with a channel number of the station's call associated with the ineach case was a channel number of the station of the station is outsided to the coast), "E" (for not expected in a country of the distant station of a distant and the coast), and the coast of	ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read to a station ace streams must ber the FCC has, WRC is Chane station. Whether the station acommercial page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. Foons, if any, given.	tit in space I (the ation was carried tute basis station report origination or be reported in the ation is a network), "N-M" (if educational), one general instruction of the seam that is not some sociation repression of the general in the sociation repression of the general in the sociation repression of the general in the sociation repression of the general in true. Seam that is not some 30, 2009, be sessociation repression of the general in true. Seam that is not some 30, 2009, be sessociation repression of the general in true.	e Special Statemed both on a substitus, see page (v) on program services er-the-air designal column 1 (list each the television statifington, D.C. This limit of the television statification in the modern statification in the television statification in the television statification in the television in the	ent and Program Log)—if the  ute basis and also on some other if the general instructions located  is such as HBO, ESPN, etc. Identify ition. For example, report multi- in stream separately; for example  on for broadcasting over-the-air in imay be different from the channel  expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper service is the subject term or an association representing the type is the subject term or an association representing the paper SA3 form. The towhich the station is licensed by the towhich the station is identified.	Television
Note: If you are utilizing	ig multiple chai		<u>'</u>	<u>'</u>	channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYST	ΓEM ID#	Name
Consolidated (	Communicat	tions Enter	prise Servic	es		61809	
PRIMARY TRANSMITT	ERS: TELEVISIO	N					
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h cable system carried the cable system carried the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the Column	G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television state he accounting in June 24, 194, or 76.63 (in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state erning substitions in a station account of the state of the station. Whether the state of the station. Whether the station account of the local servers in column on during the same basis becar in multicast stream or before Jumitter or an associated in the station. For the station. For the station in the station or before Jumitter or an associated in the station. For the station is seen page (v) of the same basis becar in column or during the same basis becar in column in the same basis becar in the station of the station. For the station is seen page (v) of station.	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph.  If distant stations orizations:  It it in space I (the 181 tinn was carried the 181 tinn was carried to 181 tinn was carried to 181 tinn was sassigned to 181 tinn was assigned to 181 tinn w	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statification, D.C. This work station, an indefor network multicute of "E-M" (for noncontext of the service of the television statification, part of the station, an indeformation located in the service of th	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system	m /	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AR			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	1	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:				EM ID#	Name	
Consolidated C	Communicat	tions Enter	prise Servic	es		61809		
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), 07.613 (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 multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For for nearming of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the								
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AS				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		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					SYSTEM ID#	Name		
Consolidated C	Communicat	tions Enter	prise Servic	es	61809			
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 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	ig manipic chai		EL LINE-UP	<u>'</u>	chariner 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			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Namo		
Consolidated C	Communicat	tions Enter	prise Servic	es	61809	- Tunio		
PRIMARY TRANSMITTI	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), 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), "F" (for nenommercial educational), or "E-M" (for no								
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject								
		CHANN	EL LINE-UP	AU				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN					SYSTEM ID#	Name		
Consolidated C	Communicat	tions Enter	prise Servic	es	61809			
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 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). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.								
Note: If you are utilizing	ig multiple chai			<u> </u>	Charmer inte-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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	•			<b>*</b> ····································				
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Consolidated C	Communicat	ions Enter	prise Servic	es	61809	Name		
PRIMARY TRANSMITTI	RS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for								
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
		CHANN	EL LINE-UP	AW				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

ACCOUNTING PERIOD: 20182 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61809 **Consolidated Communications Enterprise Services** 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 PE							G PERIOD: 20182		
LEGAL NAME OF OWNER OF					\$	SYSTEM ID#	Name		
Consolidated Communications Enterprise Services 61809							Name		
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG						
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the progran Column 3: Give the call: Column 4: Give the broa the case of Mexican or Can the case of Mexican or Can Golumn 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a gram was substituted for pr	ce, please a of every nor distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the sadcast static adian static ath and day ye "5/7." es when the Example: a er "R" if the and regulatio ogramming	m on a separa attach additional network televition and that your authorization to use general of the separation of the s	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instruction "basketball".  o." m. station is lice station is iderorogram. Use cable system. 5 p.m. to 6:2 mming that yearner the let	during the accounting ramming of another stations located in the paper List specific program  nsed by the FCC or, in ntified). In numerals, with the monounder the times accurately 8:30 p.m. should be our system was required ter "P" if the listed pro	th y			
effect on October 19, 1976.				WHE	EN SUBSTITUTE				
S	UBSTITUT	E PROGRAM		CARR	IAGE OCCURRED	7. REASON FOR			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION			
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**ACCOUNTING PERIOD: 20182** FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61809 **Consolidated Communications Enterprise Services** PART-TIME CARRIAGE LOG J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name				
Cor	Consolidated Communications Enterprise Services 61809							
GROSS RECEIPTS 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)								
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 b k 3 below.	e entered on line 1 o	f					
▶ If pa 3 be	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	lock					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoblock 4 below.	uld be entered on lin	е					
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.  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.	Ψ -,	2-10,717.11					
	This is your minimum fee.	\$	23,894.43					
	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.  No—Leave block 3 below blank and control of the control	nn 4, you must chec	K					
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$						
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	-					
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	<u>\$</u>	23,894.43	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  0.00							
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)							
	Line 4. <b>FILING FEE</b>							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	24,619.43	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.				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM	M:	SYSTEM ID#							
Name	Consolidated Communication	s Enterprise Services	61809							
	CHANNELS									
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
Chamala	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	Enter the total number of channels on which the cable									
		ast stations	13							
	2. Enter the total number of activations are the control of ac									
	on which the cable system carrie	d television proadcast stations	274							
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
	we can contact about this stateme	ent of account.)								
Individual to Be Contacted										
for Further	Name Julie Poon	Telephone	916-786-1034							
Information										
	Address 211 Lincoln Stree	et								
	(Number, street, rural route, a	apartment, or suite number)								
	Roseville, CA 95 (City, town, state, zip)	678								
	(Oity, town, state, 2ip)									
	Email julie.poon	@consolidated.com Fax (optional)								
	CERTIFICATION (This statement of	f account must be certifed and signed in accordance with Copyright Office re	gulations.							
0										
Certifcation	• I, the undersigned, hereby certify the	nat (Check one, but only one, of the boxes.)								
	(Owner other than corneration	or partnership) I am the owner of the cable system as identifed in line 1 of space	ne Ri or							
	(Owner other than corporation	or partnership) I am the owner of the cable system as identified in line 1 or space	.е в, ог							
	(Agent of owner other than cor	poration or partnership) I am the duly authorized agent of the owner of the cab	le system as identified							
	in line 1 of space B and that t	the owner is not a corporation or partnership; or	·							
	(Officer or partner) I am an officer	cer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	owner of the cable system							
	in line 1 of space B.									
		account and hereby declare under penalty of law that all statements of fact contain	ned herein							
	are true, complete, and correct to the [18 U.S.C., Section 1001(1986)]	e best of my knowledge, information, and belief, and are made in good faith.								
	[,,									
	X	Michael Shultz								
	Enter an elect	tronic signature on the line above using an "/s/" signature to certify this statement.								
	(e.g., /s/ John	Smith). Before entering the first forward slash of the /s/ signature, place your curso								
	rz button, ti	nen type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lott	is compatibility settings.							
	Typed or pri	nted name: Michael Shultz								
		-Regulatory & Public Policy								
	(Title	e of official position held in corporation or partnership)								
	Data: A	27, 2010								
	Date: Aug	ust 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: SYSTEI	M ID#					
Consolidated Communications Enterprise Services 6'	1809 Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions						
made by satellite carriers to satellite dish owners?						
X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q					
	Interest					
Line 1 Enter the amount of late payment or underpayment	Interest Assessment					
x						
Line 2 Multiply line 1 by the interest rate* and enter the sum here						
xda	ays					
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 <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 Office 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

# 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 carriec by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

# BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs	

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

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

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

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

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

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

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

### TOTAL OF DSEs

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

### THE ROYALTY FEE

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

The 3.75 Fee. If a cable system located in whole or in part within  $\varepsilon$  television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

# COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

#### COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
  major television market as defined by the FCC rules and regulations in
  effect on June 24, 1981. If no portion of the cable system is located ir
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

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

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

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

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

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

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
   (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

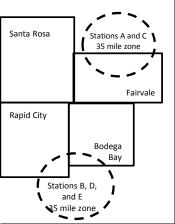
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

### **EXAMPLE**:

### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification o	f Subscriber Groups	
	Distant Stations Carried		identification o	i 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)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

Minimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	<b>COMMO</b>

		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)

DSE SCHEDULE. PAG									
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services  61809								
•									
	SUM OF DSEs OF CATEGOR								
	Add the DSEs of each station								
	Enter the sum here and in line	0.00							
2	Instructions:								
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5								
Computation	of space G (page 3). In the column headed "DSF"	': for each inden	endent station, give the DSF	= as "1 0"· for	each network or noncom-				
of DSEs for	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."								
Category "O"	CATEGORY "O" STATIONS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
necessary.						<b></b>			
Remember to copy									
all formula into new									
rows.									
						ł			
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						<u> </u>			
						<b></b>			
						<b></b>			
I		l l		I		I			

Name		WNER OF CABLE SYSTEM:  d Communications E	Enterprise Se	ervices				61809				
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:	t the call sign of all dista : For each station, give to correspond with the infor : For each station, give to : Divide the figure in colulat least to the third decire : For each independents	he number of he mation given in he total number umn 2 by the fig mal point. This is station, give the fumn 4 by the fi	ours your cable systems space J. Calculate or of hours that the stature in column 3, and use the "basis of carriage" "type-value" as "1.0." gure in column 5, and gure in column	m carried the stanly one DSE for each broadcast over the result in e value" for the standard for the standar	tion during the account each station. er the air during the ac decimals in column 4. station. rk or noncommercial ec n column 6. Round to n	counting period. This figure must ducational station, to less than the					
Capacity		C	ATEGORY I	AC STATIONS:	COMPUTATI	ION OF DSFs						
	1. CALL SIGN											
						x						
						x						
			÷			x	=					
			÷		=	x	=					
			_		_	x						
			÷		=	x	= =					
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of p		edule,	▶	0.0	0					
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effet     Broadcast or space I).     Column 2: F at your option. T Column 3: E Column 4: 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 that the number of days Divide the figure in columnis is the station's DSE	itution for a prog as shown by the ork programs du number of live, spond with the it is in the calenda in 2 by the figur	gram that your system e letter "P" in column ring that optional carri nonnetwork program nformation in space I. r year: 365, except in e in column 3, and given	n was permitted to the properties of space (); and the properties of the properties	to delete under FCC rul d the word "Yes" in colum- titution for programs the	es and regular- n 2 of at were deleted ess than the third	orm).				
		SU	BSTITUTE-E	BASIS STATION	S: COMPUTA	ATION OF DSEs						
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE				
		÷		=			÷	=				
		÷		=			÷	=				
		÷		=			÷	=				
		÷		=			÷	=				
	Add the DSEs of	OF SUBSTITUTE-BAS	IS STATIONS:	edule,	▶	0.0	0					
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 ●		ooxes in parts 2, 3, and	4 of this schedule	e and add them to provid	0.00 0.00 0.00					
	TOTAL NUMBER	R OF DSEs						0.00				

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 20182

	OWNER OF CABLE  Communication		orise Servic	es				S	YSTEM ID# 61809	Name
In block A:	ck A must be com	•	part 6 and part	7 of the DSE sche	edule blank a	ınd c	complete pa	art 8, (page 16) of	the	6
	"No," complete blo									
				ELEVISION M			-0- (			Computation of 3.75 Fee
effect on June 24	m located wholly on the control of t	schedule—l	•						gulations in	
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs	<u> </u>			
Column 1: CALL SIGN	under FCC rules	s of distant si and regulati ne DSE Sche	ations listed in ons prior to Ju dule. (Note: T	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r	f this schedul urther explan	le tha	at your sys	ed stations, see tl	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfatherec instructions fd E Carried pursu- *F A station pre	ules and regued pursuant on as define that education distance to the station of t	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parac dule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(	ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 2007.	on Jub), 76  a) refing to grand	ine 24, 198 6.61(b)(c), ferring to 7 76.61(d) dfathered s	76.63(a) referring 6.61(e)(1 tations in the		
Column 3:		e stations ide	entified by the	n parts 2, 3, and 4 etter "F" in column			nplete the w	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	
						<del> </del>				
						<del>                                     </del>				
	l				l				0.00	
		E	SLOCK C: CC	MPUTATION OF	F 3.75 FEE					
Line 1: Enter the	e total number of								-	
Line 2: Enter the	e sum of permitte	ed DSEs fro	m block B ab	ove					-	
	line 2 from line 1 leave lines 4–7 b			•		5 rat	e.		0.00	
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	line 4 by 0.0375	and enter s	um here					x		permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	e 3						<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 aı	nd enter he	re and on line	2, block 3, spac	e L (page 7)	)			0.00	

Nama	YSTEM ID# 61809	S)			es	orise Servic		WNER OF CABLE  Communication		
			JED)	(CONTINU	SION MARKETS	A: TELEVIS	BLOCK			
6	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	
Computation 3.75 Fee		BASIS	SIGN		BAGIG	SIGIV		BASIS	SIGN	
										••••
										•••
										••••

Name	Consolidated C			se Services					S	48TEM ID# 61809				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You is stations carried pric Column 1: List the Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FOA—Part-time sprof.59)  B—Late-night prof.61( S—Substitute cargeners Column 5: Indicate Column 6: Comparin block  IMPORTANT: The	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.  Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule  Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.												
		PERMITT	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_			
	1. CALL SIGN	2. PRIO		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE				
l				_										
					••••									
					••••									
					••••									
<b>7</b> Computation of the Syndicated	,	"Yes," comple	ete blocks B and C locks B and C blar	k and complete	•	art 8 of the DSE sched		·						
Exclusivity			BLUC	K A: MAJOR	11	ELEVISION MARK	EI				_			
Surcharge	Is any portion of the or	cable system w	vithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?				
	Yes—Complete	blocks B and	IC.			X No—Proceed to	part 8							
	BLOCK B: Ca	arriage of VHI	F/Grade B Contou	- 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 ble system?	s a grade B contou	r, in whole		Was any station listed nity served by the cab to former FCC rule 76	le system p .159)	orior to March 3	31, 1972	? (refe				
	Yes—List each s		th its appropriate per part 8.	mitted DSE		Yes—List each st  X No—Enter zero a			ate permi	tted DSE				
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE				
			-											
			-											
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services	SYSTEM ID# 61809	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,245,717.11	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
	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	Exclusivity Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      \( \text{\text{Y}} \) No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SF.	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	)L	
	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		
Section	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.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

	LEGAL NAM	IE OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	(	Consolidated Communications Enterprise Services	61809
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  \$ E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Computation of Base Rate Fee	6 was 6 In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of perchecked "Yes," use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule.  X 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)	.11_
	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.).	0.00
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).  B. Enter 0.00701 of gross receipts (the amount in section 1).  C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here.  D. Multiply line B by line C and enter here.  E. Add lines A, and D. This is your base rate fee. Enter here	<u>.                                    </u>
		and in block 3, line 1, space L (page 7)	
		Base Rate Fee	<u> </u>

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 20182

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Consolidated Communications Enterprise Services	61809	Name
Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts		8
(the amount in section 1)		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) \$		of Base Rate Fee
C. Multiply line B by 3.000 and enter here <b>&gt;</b>		base Rate ree
D. Enter 0.00330 of gross receipts		
(the amount in section 1) \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here <b>&gt;</b> \$		
G. Add lines A, C, and F. This is your base rate fee.		
Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$	0.00	
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television brinstead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple of the cable system reported multiple system repo		9
Space G.  In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base ra	ate fee, to exclude	Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To texclusion, you must:		of
		Base Rate Fee and
<b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dis station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Dete		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fermally. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exem		for Partially
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and if your cable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant carried to that community.	nt station you	Stations
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers we outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are di subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. N	ote that a cable	
system will have only one subscriber group when the distant stations it carried have local service areas that coincide Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of you		
groups.		
In each section:		
<ul><li>Identify the communities/areas represented by each subscriber group.</li><li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant</li></ul>	t to all of the	
subscribers in the group.		
<ul><li>If:</li><li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you ga</li></ul>	we it in parts 2-3	
and 4 of this schedule; or,	·	
<ol><li>any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave part 6 of this schedule.</li></ol>	it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gen in the paper SA3 form.	neral instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule o page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group.  DSEs for that group's complement of stations and total gross receipts from the subscribers in that group. You do not be subscribers and total gross receipts from the subscribers in that group.	up (that is, the total	

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

actual calculations on the form.

## DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61809 **Consolidated Communications Enterprise Services** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OW Consolidated Co			Services			S	61809	Name
	BLOCK A.	COMPUTATION C	F BASE RA	TE FEES FOR FAC				
		SUBSCRIBER GRO				D SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA	Kansa	s and Missouri		COMMUNITY/ ARE	ĒΑ		0	9
								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	\$ 2,24	5,717.11	Gross Receipts Se	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Se	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	)UP		FOURT	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	ΞA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····	 	····					
	·····	H	····		·····			
		-						
			<u>.</u>					
	•••••	-	····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fo	urth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee For	urth Group	\$	0.00	
Base Rate Fee: Add	the hase ra	te fees for each subs	scriber group	as shown in the hove	s above			
Enter here and in blo			g. oap t			\$	0.00	

LEGAL NAME OF OW Consolidated Co			Services			S	YSTEM ID# 61809	Name
		COMPUTATION C		TE FEES FOR EAC		RIBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								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	ond Group	\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0	
				COMMONT IT ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
	<u></u>							
Total DSEs	d O		0.00	Total DSEs			0.00	
Gross Receipts Third	a Group	\$	0.00	Gross Receipts Fou	iπn Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OW Consolidated Co			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
					<u></u>			and Syndicated
		<b></b>		·				Exclusivity
								Surcharge
					<u></u>			for
			····		·····			Partially Distant
								Stations
					<u> </u>			
	·····		····		······			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO	DUP <b>0</b>	COMMUNITY/ADE		I SUBSCRIBER GROU	UP <b>0</b>	
COMMUNITY/ AREA	······································			COMMUNITY/ ARE	:A			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<b></b>		<b></b>					
		<b> </b>	····					
					<u></u>			
					·····			
	·····		···		•••••			
		<u> </u>	···		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
_								
			scriber group	as shown in the boxe	es above.			
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$		

Consolidated Communic	ABLE SYSTEM: Cations Enterprise	Services			S	YSTEM ID# 61809	Nam
	: COMPUTATION C						
	H SUBSCRIBER GRO		ii e		I SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	Comput
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
							and
		····	·				Syndica Exclusi
							Surcha
							for
							Partia Dista
		····					Statio
		···					
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
rescipto i not Group	<u> </u>	0.00	Cross receipts dec	она отоар	<u>*</u>		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIETEENT							
THITEENI	H SUBSCRIBER GRO	DUP		SIXTEENTH	I SUBSCRIBER GROU	JP	
	H SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		I SUBSCRIBER GROU	UP <b>0</b>	
OMMUNITY/ AREA	CALL SIGN		COMMUNITY/ ARE		CALL SIGN	_	
OMMUNITY/ AREA		0		Α		0	
OMMUNITY/ AREA		0		Α		0	
OMMUNITY/ AREA		0		Α		0	
OMMUNITY/ AREA		0		Α		0	
OMMUNITY/ AREA		0		Α		0	
OMMUNITY/ AREA		0		Α		0	
OMMUNITY/ AREA		0		Α		0	
COMMUNITY/ AREA		0		Α		0	
COMMUNITY/ AREA		0		Α		0	
COMMUNITY/ AREA		0		Α		0	
OMMUNITY/ AREA		0		Α		0	
OMMUNITY/ AREA		0		Α		0	
CALL SIGN DSE		0		Α		0	
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE	CALL SIGN	0 DSE	CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	
COMMUNITY/ AREA	CALL SIGN	0 DSE	CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWI Consolidated Co			Services			S	YSTEM ID# 61809	Name
	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	١		0	COMMUNITY/ ARE	Α		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	DSE	Base Rate Fee
						-		and
								Syndicated
								Exclusivity
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			<del></del>			-		for
			<del></del>			-		Partially Distant
	·····	-	<del></del>			-		Stations
		<del> </del>	···					Gtationo
			<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	
N	NINTEENTH	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	
		_						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	<u>\$</u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Consolidated Co			Services			S	YSTEM ID# 61809	Name
	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OF ILL CICIT	502	OFFICE OFFICE	DOL	OF ILLE STOTE	502	OF ILL STORY	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
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			<u></u>					for
			<u></u>			<u> </u>		Partially Distant
		-	<del></del>			<del> </del>		Stations
		<b>-</b>	<del></del>			-		Stations
		_	···			-		
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	
TWE	NTY-THIRD	SUBSCRIBER GRO	)UP	TWEN	ITY-FOURTH	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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			<del> </del>					
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
<b>Base Rate Fee:</b> Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE Consolidated Con			Services			SY	STEM ID# 61809	Name
				TE FEES FOR EACH				
COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GROU	)P 0	COMMUNITY/ AREA	ITY-SIXTH	SUBSCRIBER GROUI	0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
37.22 3.3.1	302	0,122 0.011	202	0.122 0.011	202	3.122 3.3.1	302	Base Rate Fee
							<u>.</u>	and
								Syndicated
	<b></b>						<b></b>	Exclusivity Surcharge
		-						for
								Partially
		-						Distant
								Stations
							<b></b>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
2.000 1.000.p.0 1	. • • • •				а отоар	<u>*</u>		
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	SEVENTH	SUBSCRIBER GROU		İ	Y-EIGHTH	SUBSCRIBER GROUI	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN Consolidated Co			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			<u></u>					and Syndicated
		H		·				Exclusivity
								Surcharge
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								Partially Distant
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			<u></u>					
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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	
		SUBSCRIBER GRO		ii —		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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		_	<del></del>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Consolidated Co			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	:A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
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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	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
TH	IRTY-FIFTH	SUBSCRIBER GRO	DUP	T	HIRTY-SIXTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		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	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
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Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Consolidated Co			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		††		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
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								Distant
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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	
Cross receipts rinst v	Sioup	¥	0.00	Gross Receipts dec	ona Group	<del>*</del>		
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIF	RTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	I SUBSCRIBER GRO	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>			
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	
				<u>II</u>				
			scriber group	as shown in the boxe	es above.			
Enter here and in bloo						\$		

LEGAL NAME OF OWN			0!			s	YSTEM ID#	Name
Consolidated Co	mmunica	tions Enterprise	Services				61809	
				TE FEES FOR EACH			j	
		SUBSCRIBER GROU	<u> 0</u>	ii —	Y-SECONL	SUBSCRIBER GROU	)P	9
COMMUNITY/ AREA				COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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					<mark></mark>			Exclusivity Surcharge
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								Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FOI	RTY-THIRD	SUBSCRIBER GROU	JP	FORT	Y-FOURTH	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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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	•	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Cross receipts Hillu	Group	\$	3.00	O O O O O O O O O O O O O O O O O O O	, Oroup	Ψ	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Consolidated Col			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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Total DSEs	•	•	0.00	Total DSEs	•		0.00	
	2	•			and Craun	•	0.00	
Gross Receipts First C	эгоир	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY-	SEVENTH	SUBSCRIBER GRO	)UP	FO	RTY-EIGHTH	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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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Consolidated Co			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		<u> </u>		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	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	
	_						3	
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	
F	IFTY-FIRST	SUBSCRIBER GRO	DUP	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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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 blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE  Consolidated Com			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	Y-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		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
					····			and Syndicated
			<del>.  </del>					Exclusivity
								Surcharge
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								Stations
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			<del></del>				<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	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	ΓY-FIFTH	SUBSCRIBER GRO	UP		FIFTY-SIXTH	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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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	e <b>base rat</b>	te fees for each subs		Base Rate Fee Fou		\$	0.00	

	A: COMPUTATION C		ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
COMMUNITY/ AREA	ITH SUBSCRIBER GRO	ALID.					
			111		I SUBSCRIBER GROU		9
		0	COMMUNITY/ ARE	Α		0	Computat
	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	
3ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-NIN	ITH SUBSCRIBER GRO	OUP		SIXTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		····					
otal 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	

LEGAL NAME OF OWN Consolidated Co			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs	<u> </u>	<del>   </del>	0.00	Total DSEs		+	0.00	
	Croup	•			and Croup	•	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SI	XTY-THIRD	SUBSCRIBER GRO	DUP	Ħ		SUBSCRIBER GROU	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	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
		-					,	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

Consolidated Communic	BLE SYSTEM: ations Enterprise	Services			S	481809	Name
			TE FEES FOR EAC				<u> </u>
	H SUBSCRIBER GRO		ii e		I SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	٩		0	Comput
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
							and
							Syndica
		<u></u>					Exclusi Surcha
				••••			for
							Partia
							Distar
							Statio
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otal DSEs		0.00	Total DSEs			0.00	
Fross 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	
			<u> </u>				
	H SUBSCRIBER GRO		li	XTY-EIGHTH	I SUBSCRIBER GROU		
	1 SUBSCRIBER GRO	OUP 0	SI: COMMUNITY/ AREA	XTY-EIGHTH	I SUBSCRIBER GROU	JP <b>0</b>	
OMMUNITY/ AREA	SUBSCRIBER GRO		li	XTY-EIGHTH	I SUBSCRIBER GROU		
OMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
CALL SIGN DSE		0	COMMUNITY/ AREA	XTY-EIGHTH		0	
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	
COMMUNITY/ AREA	CALL SIGN	0 DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	

Consolidated Communic	BLE SYSTEM: ations Enterprise	Services			s	481809	Nan
	: COMPUTATION O		П				<u>-</u>
	H SUBSCRIBER GRO		ii e		I SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				Comput
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
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							Exclus
							Surcha
							for
							Partia Dista
							Statio
				·····			
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 Group	\$	0.00	
		0.00	Bass Hate 1 00 300	ona oroap			
	T SUBSCRIBER GRO	DUP	SEVEN	TY-SECONE	SUBSCRIBER GROU		
				TY-SECONE			
		DUP	SEVEN	TY-SECONE		JP	
COMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
OMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
OMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
OMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA	T SUBSCRIBER GRO	OUP 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA	T SUBSCRIBER GRO	0 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
CALL SIGN DSE	T SUBSCRIBER GRO	0 0	SEVEN COMMUNITY/ ARE	TY-SECONE	SUBSCRIBER GROU	JP <b>0</b>	
CALL SIGN DSE	T SUBSCRIBER GRO	DUP	SEVEN COMMUNITY/ ARE.	TY-SECONE A DSE	SUBSCRIBER GROU	JP 0 DSE	
CALL SIGN DSE	T SUBSCRIBER GRO	DUP  DSE  DSE  0.00	SEVEN COMMUNITY/ ARE CALL SIGN  Total DSEs	TY-SECONE A DSE	CALL SIGN	DSE DSE D.OO	
COMMUNITY/ AREA	T SUBSCRIBER GRO	DUP  DSE  DSE  0.00	SEVEN COMMUNITY/ ARE CALL SIGN  Total DSEs	TY-SECONE A  DSE	CALL SIGN	DSE DSE D.OO	

	GAL NAME OF OWNER OF CABLE SYSTEM:  onsolidated Communications Enterprise Services  61809								
	BLOCK A: (	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP			
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP <b>0</b>	9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	_				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL CICIA	502	CALL STORY	DOL	OF ILLE CICIT	502	OF ILLE GIGIT	DOL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
						-		for	
						.	<u></u>	Partially	
						<b>-</b>		Distant Stations	
			····					Stations	
			···				····		
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receints Sec	Gross Receipts Second Group \$ 0.00				
Cross recoupts i not	Oloup	<u> </u>	0.00	Gross recorpts occ	ona Group		0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SEVE	NTY-FIFTH	SUBSCRIBER GRO	DUP	SEV	ENTY-SIXTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
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							<u> </u>		
			<u></u>			-	<u> </u>		
						1	<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 Enter here and in blo			scriber group	as shown in the boxe	es above.	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services  61809							
				TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
	-SEVENTH	SUBSCRIBER GRO	)UP	H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>			-				and
	<del> </del>	ļ			······			Syndicated Exclusivity
		<del> </del>	····					Surcharge
								for
					<u></u>			Partially
		-						Distant
								Stations
	<u></u>							
		-						
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	ITY-NINTH	SUBSCRIBER GRO	)UP		EIGHTIETH	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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		-						
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	<u></u>							
	<u></u>		···		·····			
Total DSEs			0.00	Total DSEs		Ш	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	irth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	es above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM:  onsolidated Communications Enterprise Services  61809							
E	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO	UP	H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	····		<u></u>					and
			<del></del>					Syndicated Exclusivity
			<del></del>		•••••		····	Surcharge
								for
								Partially
	<u>.</u>		<u></u>					Distant
			<del></del>					Stations
	····		<del></del>					
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			0.00				0.00	
Total DSEs		_	0.00	Total DSEs		-	0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGI	HTY-THIRD	SUBSCRIBER GRO	UP	EIGH	HTY-FOURTH	I SUBSCRIBER GRO	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>					
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			<del></del>					
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	irth Group	\$	0.00	
<b>Base Rate Fee:</b> Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	s		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  consolidated Communications Enterprise Services  61809							
				ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	HTY-FIFTH	SUBSCRIBER GRO		TT .		SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
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	<del></del>		<del></del>					Exclusivity Surcharge
		<b>-</b>						for
		-						Partially
								Distant
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	<u></u>	<u> </u>						
	<del></del>	ļ	···					
	···	<b>-</b>	···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	·				·	·		
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHTY	-SEVENTH	SUBSCRIBER GRO	)UP	EIG	HTY-EIGHTH	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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	···	-						
	···	<b>-</b>	···					
	<u></u>							
Total DCCs			0.00	Total DCFa			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 t			scriber group	as shown in the boxe	es above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM:  onsolidated Communications Enterprise Services  61809							
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU	UP <b>0</b>	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		<b>-</b>	<del></del>					Syndicated Exclusivity
								Surcharge
								for
	<u></u>		<u></u>					Partially
		<b></b>						Distant Stations
••••••	····		···					Guarono
	<u></u>		<u></u>					
				1				
Total DSEs	-	-	0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	•	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Gloss Neceipts I list	Gloup	\$	0.00	Gross Neceipts Sec	ond Group	<u>\$</u>	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	ETY-FIRST	SUBSCRIBER GRO	DUP	NINE	TY-SECONE	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			···					
		ļ						
	····	-	<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	
							<del></del>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

Consolidated Communi	ABLE SYSTEM: cations Enterprise	e Services			S	YSTEM ID# 61809	Nam	
	A: COMPUTATION C						·	
	RD SUBSCRIBER GRO		111		H SUBSCRIBER GROU	JP <b>0</b>	9	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Comput				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
							Base Rat	
							and	
							Syndica Exclusi	
				•••••		••••	Surcha	
							for	
							Partia	
							Dista	
				·····			Statio	
otal DSEs		0.00	Total DSEs			0.00		
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
NINETY-FIF	TH SUBSCRIBER GRO	OUP	N	INETY-SIXTH	H SUBSCRIBER GROU	JP		
OMMUNITY/ AREA		0	COMMUNITY/ ARE	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		····		·····		····		
		····		•••••				
				•••••				
otal DSEs		0.00	Total DSEs			0.00		
	**************************************	0.00	Total DSEs Gross Receipts Fou	ırth Group	\$	0.00		
otal DSEs Gross Receipts Third Group	<u> </u>			ırth Group	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM:  consolidated Communications Enterprise Services  61809							
E	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
			<del></del>					Exclusivity
	<del></del>		<del></del>	·				Surcharge for
	····		···	·				Partially
								Distant
								Stations
	<u></u>		<u></u>					
			<del></del>	·				
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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	
Cross receipts rinst	Oloup	Ψ	0.00	Cross receipts occ	ond Group	Ψ		
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	ETY-NINTH	SUBSCRIBER GRO	)UP	ONE I	HUNDREDTH	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>	-				
	····		<del></del>	·				
	••••		••••					
			<u></u>					
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	<u>.</u>							
Total DSEs			0.00	Total DSEs			0.00	
	Crous	•			urth Crave	•	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	iiii 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.	\$		

LEGAL NAME OF OWI			Services			S	YSTEM ID# 61809	Name
							01009	
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP  SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
0.11.0101	BOE		T 505		T 505	П ом сосом		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
					····			and
								Syndicated
								Exclusivity
				-				Surcharge
				-				for Partially
			•		····			Distant
								Stations
			·		····			
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUND	RED THIRD	SUBSCRIBER GRO	UP	ONE HUNDRE	ED FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	·············		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-	-	····			
			•		····		••••	
			•		····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
21000 Recoupts Tillic	. 0.0up	·	3.30	S. See Resemble Four	Стоир	<u>*</u>		
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	above.	\$		
	,							

	EGAL NAME OF OWNER OF CABLE SYSTEM:  consolidated Communications Enterprise Services  61809							
В	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RED FIFTH	SUBSCRIBER GRO		ONE HUN	DRED SIXTH	SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
	<del></del>		····	·				Exclusivity Surcharge
•••••		-						for
								Partially
								Distant
								Stations
	····	<b></b>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	DUP	ONE HUND	RED EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			···					
	···		···					
		-						
	····	<b></b>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
C. See Resempte Tillia	~.oup	<u>-</u>		l coo recorpto i ou	C. Oup	<u>*</u>		
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			scriber group	as shown in the boxe	es above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM:  onsolidated Communications Enterprise Services  61809							
	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP	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
			<del></del>			 		Syndicated
	·····		<u></u>		<u> </u>			Exclusivity Surcharge
			<del></del>		·····	-		for
	·····		<u></u>			-		Partially
								Distant
								Stations
			<u></u>			-		
			<u></u>					
	·····		<del></del>		·····			
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	ELEVENTH	SUBSCRIBER GRO	DUP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>			-		
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			<del></del>			-		
			<del> </del>			-		
						-		
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	irth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OW		E SYSTEM: tions Enterprise	Services			S	YSTEM ID# 61809	Name
							01009	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP  I SUBSCRIBER GRO	IP	
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
					<del>-</del>			Syndicated
								Exclusivity
					<u> </u>			Surcharge
		-			<u></u>			for Partially
					<u> </u>			Distant
								Stations
					<u> </u>			
					<del>.  </del>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii .	SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	<i>\</i>		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-	<u> </u>	<del> </del>		
					<del>-</del>	<del></del>		
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				·	<u>-</u>	<del>-                                     </del>		
					<u></u>			
					<del>-</del>	<del>                                     </del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN			Camilaga			s	YSTEM ID#	Name
Consolidated Cor	mmunica	tions Enterprise	Services				61809	
				TE FEES FOR EAC			-	
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
3.122.5.5.1								Base Rate Fee
								and
								Syndicated
								Exclusivity
	<del></del>		<u> </u>		<u>.</u>			Surcharge for
	···	-	<u>.</u>			-		Partially
							•••••	Distant
								Stations
	<u></u>		<u> </u>					
	<u></u>		<b></b>					
	···		<u>.</u>			<u> </u>		
	<u> </u>							
Total DSEs			0.00	Total DSEs	•	•	0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Cross resolpts rilet c	эгоар	<u> </u>		ll cross resolpts cost	ona Group	<u>*</u>		
Base Rate Fee First G	Proup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
							•	
	NTEENTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		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>	-				-		
Total DSEs		_	0.00	Total DSEs			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 Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add t			criber group	as shown in the boxes	s above.			
Enter here and in bloc	k 3, line 1,	space L (page 7)				\$		

LEGAL NAME OF OWN Consolidated Co			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA	١		0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
Of ILL OIGH	DOL	O/ LE CICIV	DOL	ONLE CICIT	DOL	O'NEE O'O'N	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
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		-	<del></del>					Partially
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	····		<del></del>					Stations
			···			-		
			···		•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Gioss Neceipis i list	Gloup	4	0.00	Gross Neceipts Sec	ona Group	•	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<u></u>					
			<u></u>		·····	-		
			<del></del>			-		
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		<b>-</b>						
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			<del></del>					
			<u></u>				<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Consolidated Co			Services			S	YSTEM ID# 61809	Name
E	BLOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	NTY-FIFTH	SUBSCRIBER GROU		H		SUBSCRIBER GROUP		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
		<b></b>	···	· · · · · · · · · · · · · · · · · · ·				Exclusivity
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			•••••••••••••••••••••••••••••••••••••••					Otations
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	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-	·····			
		<u> </u>		1				
				·				
		-						
	···		<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 OWN Consolidated Co			Services			S	YSTEM ID# 61809	Name
E	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE		SUBSCRIBER GROU		ONE HUNDRI	ED THIRTIETH	H SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
							<u></u>	Exclusivity Surcharge
				1				for
								Partially
								Distant
								Stations
			···					
••••••								
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	Р	ONE HUNDRED TH	IRTY-SECONE	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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	<u>.</u>							
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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	
	~ <b>~</b>   <b>r</b>	· · · · · · · · · · · · · · · · · · ·			2.0up			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OW		LE SYSTEM: tions Enterprise	Services			S	YSTEM ID# 61809	Name
							01009	
		SUBSCRIBER GROUP		ATE FEES FOR EACH  ONE HUNDRED THIS		RIBER GROUP I SUBSCRIBER GROUF	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<del></del>			Base Rate Fee and
					<del></del>			Syndicated
		<del>-</del>			<u></u>			Exclusivity
								Surcharge
					<u></u>			for
				-	<del></del>			Partially Distant
		<del> </del>			<del></del>		••••	Stations
					<del></del>			
Total DSEs	•	-	0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
						<u>·</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIFTH	SUBSCRIBER GROUP	1	ONE HUNDRED TH	HIRTY-SIXTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>		-	<del></del>			
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		-			<u></u>			
					<del></del>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	r				- 1-	-		
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.	\$		
	.,	, (F=3, ,)						

LEGAL NAME OF OWNER  Consolidated Com			Services			S	YSTEM ID# 61809	Name
BL	OCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROU	<b>D</b>	i i		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>		<u></u>			Base Rate Fee
								and Syndicated
			<del>.  </del>		••••			Exclusivity
								Surcharge
								for
								Partially Distant
			<del></del>		•••••			Stations
					·····			
			······································		••••			
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	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	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROUP		11		I SUBSCRIBER GROU		
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 G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u>  </u>				
Page Pate Fee: Add the	haen rat	e fees for each subs	criber group	as shown in the boxe	s ahove			

LEGAL NAME OF OWNE Consolidated Com			Services			S	YSTEM ID# 61809	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
					<u></u>	-		Syndicated
				-	<u></u>	-		Exclusivity Surcharge
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								Partially
								Distant
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T-t-1 D05-	<u> </u>		0.00	T-t-I DOE-		11	0.00	
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	
	TY-THIRD	SUBSCRIBER GROUP		ii .		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>	-		
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						-		
					<u></u>	-		
						<del>-</del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW Consolidated Co			Services			S	YSTEM ID# 61809	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP	1	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
			<u></u>			 		Syndicated
	·····		<u></u>					Exclusivity Surcharge
			<u></u>					for
	•••••		<u></u>			-		Partially
								Distant
								Stations
						-		
			<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 FOR	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		 	<u></u>			-		
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			<u></u>					
	•••••	-	···			<u> </u>		
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN			Services			S	YSTEM ID# 61809	Name
В	LOCK A: (	COMPUTATION O	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		H .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>		<u> </u>		<u></u>			Base Rate Fee
	····		<u> </u>	-	·····			and Syndicated
	····	<b>-</b>			••••			Exclusivity
								Surcharge
								for
								Partially
								Distant
	···				····			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 Sec	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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	<u></u>							
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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	
	P				F	<u>-</u>		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Consolidated Co			Services			S	YSTEM ID# 61809	Name
E	BLOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO		i i		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
								and
			<u></u>					Syndicated
								Exclusivity Surcharge
			<u>-</u>					for
								Partially
								Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	·							
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	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>					
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		<b>-</b>	<u></u>					
		_						
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWI			Services			S	YSTEM ID# 61809	Name
	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
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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	
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Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

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LEGAL NAME OF OWNER Consolidated Com			Services			S	YSTEM ID# 61809	Name
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	Y-FIFTH	SUBSCRIBER GROU		11	NTY-SIXTH	I SUBSCRIBER GROU		9
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Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWENTY-S	EVENTH	SUBSCRIBER GROU	JP	TWENT	Y-EIGHTH	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>					
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
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	
<u>                                     </u>				<u> </u>				

Name	61809	S'			Services			LEGAL NAME OF OWNE Consolidated Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GRO	ΓY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	0.00	П		Total DSEs	0.00		-	Total DSEs
	0.00	<b>\$</b>	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
		<u> </u>	a 0.0up	0.000 . 1000.ptc 0000				G. 606 . 1606.p.661 G.
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	-SECOND	THIRTY	JP	SUBSCRIBER GRO	TY-FIRST	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
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	<u> </u>							
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE Consolidated Con			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	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
						<del> </del>		Exclusivity Surcharge
						-		for
		-						Partially
								Distant
		-						Stations
	<b> </b>						<u> </u>	
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					···			
Total DSEs	<del>                                     </del>		0.00	Total DSEs		Щ	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GRO	UP	THI	RTY-SIXTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
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		-						
	<b> </b>					-		
						<b>-</b>		
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
Base Rate Fee: Add the Inter here and in block			criber group	as shown in the boxes	above.	\$		

O Computation Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 O.00 O.00	BER GROUP SUBSCRIBER GROUF			Services			LEGAL NAME OF OWNER Consolidated Com
O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 O.00 O.00 O.00 O.00	SUBSCRIBER GROUP		TE FEES FOR EACH				
Computation  OSE Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00  COUP 0		Y-EIGHTH	THIRT	JP <b>0</b>	SUBSCRIBER GROL	EVENTH	
DSE of Base Rate Fed and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00 0.00							COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00							
Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00 0.00					-		
Surcharge for Partially Distant Stations  0.00 0.00 0.00							
for Partially Distant Stations  0.00 0.00 0.00 0.00							
O.00 O.00 O.00 O.00 O.00							
0.00 0.00 0.00							
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0.00 COUP			Total DSEs	0.00			Total DSEs
0 	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
0	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	SUBSCRIBER GROUP	ORTIETH			SUBSCRIBER GROU	Y-NINTH	
DSE			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					-		
0.00				1		<u> </u>	T-4-1 DOE-
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

Name	YSTEM ID# 61809	S			Services			LEGAL NAME OF OWNE  Consolidated Com
				TE FEES FOR EACH				
9	JP <b>0</b>	SUBSCRIBER GROU	-SECOND	FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-FIRST	
Computation								COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and	<u></u>							
Syndicate Exclusivit	<u></u>	-						
Surcharge								
for								
Partially Distant						-		
Stations	····	-						
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	0.00	<del>! !</del>		Total DSEs	0.00		!	Total DSEs
				Gross Receipts Secon	0.00	•	oup.	Gross Receipts First Gr
	0.00	¢	d Croup		0.00	\$	oup	Gioss Receipts Filst Gi
	0.00	\$	d Group	Gloss Receipts Secon				
	0.00	\$		Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU		
	0.00	\$	d Group	Base Rate Fee Secon				FORT
	0.00	\$	d Group	Base Rate Fee Secon	JP			FORT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FORTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	FORT COMMUNITY/ AREA
	0.00  JP	SUBSCRIBER GROU	d Group	FORTY COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	Y-THIRD  DSE	FORT COMMUNITY/ AREA  CALL SIGN  Total DSEs
	O.00	\$ SUBSCRIBER GROU	d Group	FORTY COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	Y-THIRD  DSE	FORT COMMUNITY/ AREA  CALL SIGN

LEGAL NAME OF OWNER Consolidated Com			•			S	YSTEM ID# 61809	Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GROU				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	DSL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
						<u> </u>		and
						-		Syndicated
								Exclusivity
								Surcharge
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						<u> </u>		Partially
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU	JP	FOR <sup>-</sup>	TY-EIGHTH	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	
	roup	\$			h Group	S S		
	roup	\$	0.00	Total DSEs Gross Receipts Fourth	h Group	\$	0.00	
Total DSEs Gross Receipts Third G	·	\$ \$			·	\$		

LEGAL NAME OF OWNE Consolidated Cor			Services			S	61809	Name
				TE FEES FOR EACH				
FOR COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fe
	<del></del>	-	<u></u>					and Syndicated
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Total DSEs	1		0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		İ		SUBSCRIBER GRO	_	
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>		•••••••••••			
	<u></u>							
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Page Date See Third	roup		0.00	Page Pate Fee Fee	h Croun	•	0.00	
Base Rate Fee Third (	эιυαρ	\$	0.00	Base Rate Fee Fourth	п Отоир	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 61809				Services			LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	ΓY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		 						
Syndicated		-						
Exclusivity Surcharge		-	<u>.</u>		<u>-</u>			
for		-			<mark>-</mark>		<u>.</u>	
Partially	····		······		<u>-</u>		<u> </u>	
Distant								
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			<b>.</b>		<b> </b>		<mark>-</mark>	
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	0.00		•	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TY-SIXTH	FII	UP	SUBSCRIBER GRO	TY-FIFTH	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
						OALL GION	DOE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	Total DSEs	0.00	CALL SIGN	DSE	
		CALL SIGN				\$		Total DSEs Gross Receipts Third C

LEGAL NAME OF OWNE Consolidated Con			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAC				
	SEVENTH	SUBSCRIBER GRO				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
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								Stations
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	ļ						<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
<b>Base Rate Fee</b> First Gi	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	tn Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services  61809							Name
	A: COMPUTATION (						
	ST SUBSCRIBER GR		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							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	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	RD SUBSCRIBER GR		11		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					-		
Total DSFs		0.00	Total DSEs			0.00	
Fotal DSEs		0.00	Total DSEs			0.00	
Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	\$ \$				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services  61809							Name	
				TE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GRO		T		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	H	CALL SIGN DSE CALL SIGN DSE			
								Base Rate F
								and
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		·						
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-S	SEVENTH	SUBSCRIBER GRO	UP	SI	XTY-EIGHTH	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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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$		Gross Receipts Fou	rth Group	\$		
	<b>r</b>	·		Sizzzi (Godipio i du	· · · ·	· ·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
hird G	Group ne <b>base ra</b> t			Base Rate Fee Four	rth Group	\$	0.00	

Name	61809				Services	tions Enterprise		LEGAL NAME OF OWNE  Consolidated Con
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	TY-NINTH	
Computatio	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								
Surcharge						-		
for Partially	<del></del>	-						
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Stations		-					<u>-</u>	
Stations		-						
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	•	\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU	-	
	•						-	SEVEN
	JP			SEVENT	JP		-	SEVEN
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN
	JP 0 DSE	SUBSCRIBER GROU	DSE	SEVENTO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST  DSE	SEVEN COMMUNITY/ AREA  CALL SIGN

LEGAL NAME OF OWNE Consolidated Com			•			SY	STEM ID# 61809	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		it end of the second	Y-FOURTH	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
					<u>.</u>		<u></u>	Exclusivity
					<u>.</u>			Surcharge
					<u>.</u>		<u></u>	for Partially
					<u> </u>		<u> </u>	Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVEN <sup>*</sup>	TY-FIFTH	SUBSCRIBER GROU	JP	SEVE	NTY-SIXTH	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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Total DSEs	•		0.00	Total DSEs	1	• •	0.00	
Gross Receipts Third G	roup	<u> </u>	0.00	Gross Receipts Fourth	Croup	•	0.00	
Gioss Receipis Tillia G	iroup	\$	0.00	Gioss Receipts Fourti	Gloup	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
e <b>base ra</b>				as shown in the boxes		\$	0.00	

	YSTEM ID# 61809	S			Services			LEGAL NAME OF OWNE Consolidated Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	COMMUNITY/ AREA 0			0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
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	0.00			Total DSEs	0.00		•	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GROU	TY-NINTH	SEVENT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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				Total DSEs	0.00			Total DSEs
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

	YSTEM ID# 61809				Services		R OF CABL	Consolidated Con
<u> </u>				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computation	COMMUNITY/ AREA 0			0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe		<u> </u>						
and		<u> </u>						
Syndicated	····	-						
Exclusivity Surcharge	<u></u>	-			<u>-</u>			
for	····	-			<u>-</u>	-	<b></b>	
Partially	····	<u> </u>			<u>-</u>		<b></b>	
Distant						-		
Stations						-		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	/-FOURTH	EIGHT	UP	SUBSCRIBER GRO	TY-THIRD	EIGH <sup>*</sup>
					0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA				
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		

LEGAL NAME OF OWNER Consolidated Com			•			S	61809	Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GROU			HTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0.	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIN	DOL	CALL SIGIV	DOL	OALL GIGIN	DOL	CALL GIOIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGHTY-S	EVENTH	SUBSCRIBER GROU	JP	EIGHT	Y-EIGHTH	I SUBSCRIBER GROU	IP	
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	
			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fourth	ı Group	\$	0.00	
Total DSEs Gross Receipts Third G  Base Rate Fee Third G	·	\$				\$		

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services  61809							
				TE FEES FOR EACH				
9	JP <b>0</b>	SUBSCRIBER GROU	NINTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROL	Y-NINTH	EIGHT COMMUNITY/ AREA
Computa				COMMUNITY AREA				COMMUNITY AREA
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Base Rate					-			
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Exclusi	<del></del>							
Surcha								
for								
Partial Distar							<b></b>	
Station								
<u>)                                    </u>	0.00			Total DSEs	0.00			Total DSEs
<u>)                                    </u>	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$		Base Rate Fee Secon	0.00	\$		
	JP	\$ SUBSCRIBER GROU		NINET	JP	\$ SUBSCRIBER GROU		NINE
	•							NINE
0	JP	SUBSCRIBER GROU		NINET	JP			NINE
0	JP <b>0</b>		/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE <sup>*</sup>
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE <sup>*</sup>
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE <sup>*</sup>
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE <sup>*</sup>
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE <sup>*</sup>
0	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE <sup>*</sup>
O	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE COMMUNITY/ AREA  CALL SIGN
O	DSE	SUBSCRIBER GROU	DSE	NINET COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	NINE COMMUNITY/ AREA  CALL SIGN
O	DSE O.00	SUBSCRIBER GROU	DSE	NINET COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE O.00	CALL SIGN	DSE	NINE <sup>*</sup> COMMUNITY/ AREA
O	DSE O.00	SUBSCRIBER GROU	/-SECOND  DSE  Group	NINET COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE O.00	CALL SIGN	DSE DSE	NINE COMMUNITY/ AREA  CALL SIGN  Total DSEs

LEGAL NAME OF OWNE Consolidated Cor			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EAC				
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
		-						and
		-						Syndicated
						<del> </del>		Exclusivity Surcharge
								for
		-						Partially
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		-						Stations
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Total DSEs			0.00	Total DSEs		Į.	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 Seco	nd Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	i i		I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1	1	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.	\$		

## **Nonpermitted 3.75 Stations**

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9				TE FEES FOR EACH				
0 3		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	O COMMUNITY/ AREA O							COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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<u>0</u>	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First Gi
	JP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GROU	ΓΥ-NINTH	NINE
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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0	0.00	II	1	Total DSEs	0.00			Total DSEs
_	0.00	<b></b>	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
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1.1	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Froup	Base Rate Fee Third G

Name	481809 61809	S			Services			LEGAL NAME OF OWNE Consolidated Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	SECOND			SUBSCRIBER GROU	ED FIRST	
Computation	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	0.00			Total DSEs	0.00		-	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
_	ONE HUNDRED FOURTH SUBSCRIBER GROUP					SUBSCRIBER GROU	D THIRD	ONE HUNDRE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			1				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G

Name	61809	S			Services			LEGAL NAME OF OWNE Consolidated Con
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RED SIXTH	İ		SUBSCRIBER GROU	D FIFTH	
Computation	0 COMMUNITY/ AREA 0							COMMUNITY/ AREA
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Base Rate F								
and								
Syndicate								
Exclusivity Surcharge	<u> </u>		<u> </u>					
for			<u>.</u>					
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>Base Rate Fee</b> First Gi
	UP	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GROU	EVENTH	ONE HUNDRED S
0	0 0	SUBSCRIBER GROL	D EIGHTH	ONE HUNDRE COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROL	EVENTH	
0	OUP 0		D EIGHTH	İ		SUBSCRIBER GROU	DSE	
0	0	CALL SIGN		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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LEGAL NAME OF OWNER Consolidated Com			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EACH				
	D NINTH	SUBSCRIBER GROU			ED TENTH	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
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Total DSEs			0.00	Total DSEs			0.00_	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
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ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
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Gross Receipts Third G	ιουρ	\$	0.00	Gross Receipts Fourth	і Стоир	<b>•</b>	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
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	4STEM ID# 61809	S			Services			LEGAL NAME OF OWNE Consolidated Com
				TE FEES FOR EACH				
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Computation	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
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LEGAL NAME OF OWNE Consolidated Com			Services			S	YSTEM ID# 61809	Name
				TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROUP	•	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GROUP	)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	<b>9</b> Computation		
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Total DSEs	!!		0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED NIN	ITEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED T	WENTIETH	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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Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
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<b>Base Rate Fee:</b> Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Consolidated Co			Services			S	61809	Name
[	BLOCK A: (	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWI	ENTY-FIRST	SUBSCRIBER GROU			NTY-SECONE	SECOND SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0			9 Computation	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	•			Gross Receipts Second Group \$ 0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROU	IP	ONE HUNDRED TWE	NTY-FOURTH	H SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00					
	Group	\$		Gross Receipts Fou	rth Group	\$	0.00	
	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Third	·	\$	0.00		·	\$		
	·	\$		Gross Receipts Fou	·	\$	0.00	
Gross Receipts Third	·	\$	0.00		·			

	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP  ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP	9
MUNITY/ AREA 0 COMMUNITY/ AREA 0	Computation
L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
	Base Rate Fe
	and
	Syndicated
	Exclusivity
	Surcharge
	for Partially
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OSEs	
Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
NDRED TWENTY-SEVENTH SUBSCRIBER GROUP  ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP	
MUNITY/ AREA 0 COMMUNITY/ AREA 0	
L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
DSES Total DSES	
Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	

erprise Services 61809 Name			Services			LEGAL NAME OF OWNER  Consolidated Com
TION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
R GROUP ONE HUNDRED THIRTIETH SUBSCRIBER GROUP	HIRTIETH	ONE HUNDRED		SUBSCRIBER GROUP	ITY-NINTH	ONE HUNDRED TWEN
0 COMMUNITY/ AREA 0 Computatio						COMMUNITY/ AREA
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0.00 Gross Receipts Second Group \$ 0.00	Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
0.00 Base Rate Fee Second Group \$ 0.00	Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
R GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP	ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP					ONE HUNDRED THIR
O COMMUNITY/ AREA O		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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0.00         Total DSEs         0.00           0.00         Gross Receipts Fourth Group         \$         0.00	Group			\$	Group	Total DSEs Gross Receipts Third G

## **Nonpermitted 3.75 Stations**

Name	61809	SY			Services			LEGAL NAME OF OWNER Consolidated Com
				TE FEES FOR EACH	BASE RA			
9	0	SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED THIR COMMUNITY/ AREA
Computation	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	302	3,122 31311	302	07.22 0.0.1	302	07.22 0.0.1	502	5, 122 G.G.1
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	)	SUBSCRIBER GROUP	TY-SIXTH	ONE HUNDRED THIS	JP	SUBSCRIBER GROU	ΓY-FIFTH	ONE HUNDRED THIRT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third G

**Nonpermitted 3.75 Stations** 

Name	YSTEM ID# 61809				Services			LEGAL NAME OF OWNE  Consolidated Com
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUP	SEVENTH:	ONE HUNDRED THIRTY-
Computation	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		\$		Gross Receipts Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00	\$	oup	<b>Base Rate Fee</b> First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	0.00 0.00	\$	d Group	Base Rate Fee Secon	<b>0.00</b>	\$	oup	Base Rate Fee First Gr
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECON ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	oup Y-NINTH	Base Rate Fee First Gr DNE HUNDRED THIRT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECON ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	oup Y-NINTH	Base Rate Fee First Gr DNE HUNDRED THIRT COMMUNITY/ AREA
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group	DASE RATE FEE SECON ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	oup Y-NINTH	Base Rate Fee First Gr DNE HUNDRED THIRT COMMUNITY/ AREA
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	61809	S'			Services			LEGAL NAME OF OWNE Consolidated Com
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
9		SUBSCRIBER GROUP	Y-SECOND			SUBSCRIBER GROUP	RTY-FIRST	
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP					SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED FOR
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services  SYSTEM ID# 61809							Name	
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		•
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP	)	ONE HUNDRED FO	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<b>9</b> Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP	)	ONE HUNDRED FOR	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
se Rate Fee: Add th			criber group	as shown in the boxes	above.	\$		

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O COMMUNITY/ AREA O Computation  IGN DSE CALL SIGN DSE CALL SIGN DSE of											
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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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