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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/28/2019	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting	2019/1						
Period							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting conducts the busine If there were different owners during the accounting period, only the owner as ingle statement of account and royalty fee payment covering the entire accounting the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ess of the cable system on the last day of the counting perion	em the accounting period should s				
	NORTHERN IOWA COMMUNICATIONS PARTNERS						
	NORTHERN IOWA COMMUNICATIONS PARTNERS						
				634922019/1			
				63492 2019/1			
	107 S STATE STREET, P.O. BOX 100 TERRIL, IA 51364						
С	INSTRUCTIONS: In line 1, give any business or trade names used to id						
•	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	n in space B.			
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comp	nunity served below and rel	ist on page 1h			
_		only the list conin	idility served below and rei	ist on page 1b			
Area Served	with all communities. CITY OR TOWN	STATE					
First	TITONKA-BURT	IA					
Community	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
ParI-	Alda	MD	Α	1			
Sample	Alliance	MD	В	2			
	Gering	MD	В	3			

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

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **TITONKA-BURT** IA First В 2 **EVERLY** IA Community 3 **RUTHVEN** IA В ROYAL IA В 4 **ARMSTRONG** IA C 5 В 6 **TERRIL** IA See instructions for RINGSTED IΑ C additional information on alphabetization. **PALMER** IA D 8 **POCAHONTAS** IA Ε 9 **PLOVER** Ε 10 IA **CURLEW** 11 IA Ε Add rows as necessary. **ROLFE** IΑ Ε 12 **MALLARD** IA E 13 **WEST BEND** IA 14 Ε Ε 15 **HAVELOCK** IA IΑ 16 WHITTEMORE **AYRSHIRE - GILLETTE GROVE** IA 17 18 **SWEA CITY** IA G **ALGONA** IA Н 19 **GRAETTINGER - WALLINGFORD** IA В 20

·· <mark>•</mark> ······	 •

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

NORTHERN IOWA COMMUNICATIONS PARTNERS

SYSTEM ID#
63492

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	RATE		
Residential:							
 Service to first set 	2,076	\$ 44.40	TIER 2 - EXPANDED	143	\$ 47.	.00	
 Service to additional set(s) 			TIER 3 - PREMIER	1,824	\$ 57.	.00	
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
					†		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVIC	E I	RATE
Continuing Services:		Installation: Non-residential					
Pay cable		Motel, hotel			НВО	\$	17.50
 Pay cable—add'l channel 		Commercial			CINEMAX	\$	14.50
Fire protection		• Pay cable			SHOWTIME	\$	15.00
Burglar protection		Pay cable-add'l channel			STARZ	\$	10.00
Installation: Residential		Fire protection			PLAYBOY	\$	14.00
First set	\$ 30.00	Burglar protection					
Additional set(s)		Other services:					
• FM radio (if separate rate)		Reconnect	\$	30.00			
Converter		Disconnect		N/C			
		Outlet relocation	\$	30.00			
		Move to new address	\$	30.00			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis 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). or 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL SIGN OF (Yes or No) CARRIAGE NUMBER (If Distant) STATION KDIN DES MOINES, IA 11.1 Ε No KDINDT2 11.2 E-M No DES MOINES, IA See instructions for KDINDT3 additional information 11.3 E-M No DES MOINES, IA on alphabetization. KDINDT4 11.4 E-M No DES MOINES, IA KCCIDT 8.1 Ν No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA KIMTDT 3.1 Ν No MASON CITY, IA KIMTDT2 3.2 N-M No MASON CITY, IA **KCWIDT** 23.1 No DES MOINES, IA KCWIDT2 23.2 I-M No DES MOINES, IA I-M KCWIDT3 23.3 No DES MOINES, IA KCWIDT4 23.4 I-M No DES MOINES, IA WOIDT 5.1 Ν No DES MOINES, IA WOIDT2 5.2 N-M No DES MOINES, IA WOIDT3 N-M No DES MOINES, IA 5.3 WOIDT4 5.4 N-M No **DES MOINES, IA** KDSMDT DES MOINES, IA 17.1 No KDSMDT2 17.2 I-M No DES MOINES, IA KDSMDT3 17.3 I-M DES MOINES, IA No KDSMDT4 17.4 I-M No DES MOINES, IA DES MOINES, IA WHODT 13.1 Ν No DES MOINES, IA WHODT2 N-M 13.2 No DES MOINES, IA WHODT3 13.3 N-M No WHODT4 13.4 N-M No **DES MOINES, IA** KDMIDT 19.1 No DES MOINES, IA KDMIDT3 I-M DES MOINES, IA 56.3 No **KFPXDT** 39.1 DES MOINES, IA No KFPXDT3 39.3 I-M No DES MOINES, IA

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- · Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В	
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
KDIN	11.1	E	yes	0	DES MOINES, IA
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA
KDINDT4	11.4	E-M	Yes	E	DES MOINES, IA
KTIVDT	4.1	N	No		SIOUX CITY, IA
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA
KCAUDT	9.1	N	No		SIOUX CITY, IA
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA
KPTHDT	44.1	N	No		SIOUX CITY, IA
KPTHDT2	44.2	N-M	No		SIOUX CITY, IA
KPTHDT3	44.3	N-M	No		SIOUX CITY, IA
KPTHDT4	44.4	N-M	No		SIOUX CITY, IA
KMEGDT	14.1	N	No		SIOUX CITY, IA
KMEGDT2	14.2	N-M	No		SIOUX CITY, IA
KMEGDT3	14.3	N	NO		SIOUX CITY, IA

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name **NORTHERN IOWA COMMUNICATIONS PARTNERS** 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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	С	
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
KDIN	11.1	Е	Yes	Е	DES MOINES, IA
KDINDT2	11.2	E-M	Yes	0	DES MOINES, IA
KDINDT3	11.3	E-M	Yes	0	DES MOINES, IA
KDINDT4	11.4	E-M	Yes	0	DES MOINES, IA
KEYCDT	12.1	N	No		MANKATO, MN
KTIVDT	4.1	N	Yes	Е	SIOUX CITY, IA
KTIVDT2	4.2	N-M	Yes	0	SIOUX CITY, IA
KTIVDT3	4.3	N-M	Yes	0	SIOUX CITY, IA
KTIVDT4	4.4	N-M	Yes	0	SIOUX CITY, IA
KCAUDT	9.1	N	No		SIOUX CITY, IA
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA
KPTHDT	44.1	N	Yes	E	SIOUX CITY, IA
KPTHDT2	44.2	N-M	Yes	0	SIOUX CITY, IA
KPTHDT3	44.3	N-M	Yes	0	SIOUX CITY, IA
KPTHDT4	44.4	N-M	Yes	0	SIOUX CITY, IA
KMEGDT	14.1	N	Yes	Е	SIOUX CITY, IA
KMEGDT2	14.2	N-M	Yes	0	SIOUX CITY, IA
KMEGDT3	14.3	N-M	Yes	0	SIOUX CITY, IA

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 ε Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 you 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 th FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP D 3. TYPE 1. CALL 2. B'CAST 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL ΟF (Yes or No CARRIAGE (If Distant) NUMBER STATION **KDIN** 11.1 Е No DES MOINES, IA DES MOINES, IA KDINDT2 11.2 E-M No KDINDT3 11.3 E-M Nο DES MOINES, IA KDINDT4 E-M No 11.4 DES MOINES. IA KCCIDT Ν No DES MOINES, IA 8.1 KCCIDT2 N-M No DES MOINES, IA 8.2 KCCIDT3 8.3 N-M No DES MOINES, IA KCWIDT 23.1 No DES MOINES, IA 23.2 KCWIDT2 No DES MOINES, IA I-M KCWIDT3 I-M DES MOINES, IA 23.3 No KCWIDT4 23.4 I-M No DES MOINES, IA WOIDT 5.1 N No DES MOINES, IA WOIDT2 5.2 N-M No DES MOINES, IA WOIDT3 N-M No DES MOINES, IA 5.3 WOIDT4 5.4 DES MOINES, IA N-M No **KDSMDT** 17.1 No DES MOINES, IA KDSMDT2 I-M DES MOINES, IA 17.2 No KDSMDT3 17.3 I-M No DES MOINES, IA KDSMDT4 17.4 I-M No DES MOINES, IA DES MOINES, IA WHODT 13.1 N No WHODT2 13.2 N-M Νo DES MOINES, IA DES MOINES, IA WHODT3 N₋M Nο 13.3 WHODT4 13.4 N-M No DES MOINES, IA **KDMIDT** 19.1 No DES MOINES, IA П KDMIDT3 56.3 I-M No DES MOINES, IA **KFPXDT** 39.1 DES MOINES, IA No No KFPXDT3 39.3 I-M DES MOINES. IA KTIVDT SIOUX CITY, IA 4.1 N Νo KTIVDT2 4.2 N-M No SIOUX CITY, IA KTIVDT3 SIOUX CITY, IA 4.3 N-M Nο KTIVDT4 4.4 N-M No SIOUX CITY, IA

U.S. Copyright Office

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 ε Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 you 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 th FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 3. TYPE 1. CALL 2. B'CAST 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL ΟF (Yes or No CARRIAGE (If Distant) NUMBER STATION **KDIN** 11.1 Е No DES MOINES, IA DES MOINES, IA KDINDT2 11.2 E-M No KDINDT3 11.3 E-M Nο DES MOINES, IA KDINDT4 E-M No 11.4 DES MOINES. IA KCCIDT Ν No DES MOINES, IA 8.1 KCCIDT2 N-M No DES MOINES, IA 8.2 KCCIDT3 8.3 N-M No DES MOINES, IA KCWIDT 23.1 No DES MOINES, IA 23.2 KCWIDT2 No DES MOINES, IA I-M KCWIDT3 I-M DES MOINES, IA 23.3 No KCWIDT4 23.4 I-M No DES MOINES, IA WOIDT 5.1 N No DES MOINES, IA WOIDT2 5.2 N-M No DES MOINES, IA WOIDT3 N-M No DES MOINES, IA 5.3 WOIDT4 5.4 DES MOINES, IA N-M No **KDSMDT** 17.1 No DES MOINES, IA KDSMDT2 I-M DES MOINES, IA 17.2 No KDSMDT3 17.3 I-M No DES MOINES, IA KDSMDT4 17.4 I-M No DES MOINES, IA DES MOINES, IA WHODT 13.1 N No WHODT2 13.2 N-M Νo DES MOINES, IA DES MOINES, IA WHODT3 13.3 N₋M Nο WHODT4 13.4 N-M No DES MOINES, IA **KDMIDT** 19.1 No DES MOINES, IA П KDMIDT3 56.3 I-M No DES MOINES, IA **KFPXDT** 39.1 DES MOINES, IA No No KFPXDT3 39.3 I-M DES MOINES. IA KTIVDT SIOUX CITY, IA 4.1 N Νo KTIVDT2 4.2 N-M No SIOUX CITY, IA KTIVDT3 SIOUX CITY, IA 4.3 N-M Nο KTIVDT4 4.4 N-M No SIOUX CITY, IA

U.S. Copyright Office

KMEGDT3

14.3

N-M

No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **NORTHERN IOWA COMMUNICATIONS PARTNERS** 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP F 2. B'CAST 3. TYPE BASIS OF 1. CALL 4 DISTANT? 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) **NUMBER** STATION (If Distant) **KDIN** DES MOINES, IA 11.1 E Yes Е KDINDT2 11.2 E-M Yes 0 **DES MOINES. IA** DES MOINES, IA KDINDT3 11.3 E-M Yes 0 KDINDT4 11.4 E-M Yes 0 DES MOINES, IA WHODT 13.1 Ν Yes Ε **DES MOINES, IA** WHODT2 13.2 N-M Yes 0 DES MOINES, IA WHODT3 N-M Yes 0 13.3 DES MOINES, IA WHODT4 13.4 0 N-M Yes DES MOINES, IA KTIVDT 4.1 N No SIOUX CITY, IA KTIVDT2 4.2 N-M No SIOUX CITY, IA KTIVDT3 4.3 N-M No SIOUX CITY, IA KTIVDT4 4.4 N-M No SIOUX CITY, IA **KCAUDT** No SIOUX CITY, IA 9.1 Ν KCAUDT2 9.2 N-M No SIOUX CITY, IA SIOUX CITY, IA KCAUDT3 N-M 9.3 No KCAUDT4 9.4 N-M No SIOUX CITY, IA **KPTHDT** 44.1 No SIOUX CITY, IA Ν **KPTHDT2** N-M 44.2 No SIOUX CITY, IA **KPTHDT3** N-M SIOUX CITY, IA 44.3 No **KPTHDT4** 44.4 N-M SIOUX CITY, IA No SIOUX CITY, IA **KMEGDT** 14.1 N No SIOUX CITY, IA 14.2 N-M KMEGDT2 No

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

SIOUX CITY, IA

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **NORTHERN IOWA COMMUNICATIONS PARTNERS** 63492 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis 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). or 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP G 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL SIGN OF (Yes or No) CARRIAGE NUMBER (If Distant) STATION DES MOINES, IA KDIN 11.1 Ε No KDINDT2 11.2 No DES MOINES, IA E-M KDINDT3 11.3 E-M No DES MOINES, IA KDINDT4 11.4 E-M No DES MOINES, IA KCCIDT 8.1 Ν No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA KIMTDT 3.1 Ν No MASON CITY, IA KIMTDT2 3.2 N-M No MASON CITY, IA **KCWIDT** 23.1 No DES MOINES, IA KCWIDT2 23.2 I-M No DES MOINES, IA I-M KCWIDT3 23.3 No DES MOINES, IA KCWIDT4 23.4 I-M No DES MOINES, IA WOIDT 5.1 Ν No DES MOINES, IA WOIDT2 5.2 N-M No DES MOINES, IA WOIDT3 N-M Nο DES MOINES, IA 5.3 WOIDT4 5.4 N-M No DES MOINES, IA KDSMDT DES MOINES, IA 17.1 No

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

DES MOINES, IA

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KDSMDT2

KDSMDT3

KDSMDT4

WHODT

WHODT2

WHODT3

WHODT4

KDMIDT

KDMIDT3

KFPXDT

KFPXDT3

17.2

17.3

17.4

13.1

13.2

13.3

13.4

19.1

56.3

39.1

39.3

I-M

I-M

I-M

Ν

N-M

N-M

N-M

I-M

I-M

No

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis 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). or 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP H 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL SIGN OF (Yes or No) CARRIAGE NUMBER (If Distant) STATION DES MOINES, IA KDIN 11.1 Ε No KDINDT2 11.2 No DES MOINES, IA E-M KDINDT3 11.3 E-M No DES MOINES, IA KDINDT4 11.4 E-M No DES MOINES, IA KEYCDT 12.1 Ν No MANKATO, MN KEYCDT2 12.2 N-M No MANKATO, MN KCCIDT 8.1 Ν No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA KCWIDT DES MOINES, IA 23.1 No KCWIDT2 23.2 I-M No DES MOINES, IA I-M KCWIDT3 23.3 No DES MOINES, IA KCWIDT4 23.4 I-M No DES MOINES, IA WOIDT 5.1 Ν No DES MOINES, IA WOIDT2 5.2 N-M No DES MOINES, IA WOIDT3 N-M Nο DES MOINES, IA 5.3

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DES MOINES, IA

WOIDT4

KDSMDT

KDSMDT2

KDSMDT3

KDSMDT4

WHODT

WHODT2

WHODT3

WHODT4

KDMIDT

KDMIDT3

KFPXDT

KFPXDT3

5.4

17.1

17.2

17.3

17.4

13.1

13.2

13.3

13.4

19.1

56.3

39.1

39.3

N-M

I-M

I-M

I-M

Ν

N-M

N-M

N-M

I-M

I-M

No

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS 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 AM or FM LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION **KLGA FM** ALGONA, IA KICD SPENCER, IA FΜ **KILR** ESTHERVILLE, IA FΜ

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2019/1
LEGAL NAME OF OWNER OF							SYSTEM ID#	Name
NORTHERN IOWA CO	MMUNICA	TIONS PAR	RTNERS				63492	Nume
SUBSTITUTE CARRIAGE								ı
In General: In space I, ident substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or a	uthorizátio	ns. For a further	Substitute
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								Carriage: Special
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is "	Yes," you mu	ıst comple	te the prog	gram	Program Log
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 program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 given Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a gram was substituted for present the state of the state	ce, please a of every not distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the sadcast static adian static ath and day /e "5/7." es when the Example: a er "R" if the and regulatic ogramming	am on a separa attach additional network televition and that your authorizational truse general of the separation of the	al pages. rision program (substitute program cable system substitute programs. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute program was carried by your cled by a system from 6:01:10 was substituted for programing the accounting period;	rogram) that, d for the progeral instructio "basketball". o." m. station is licenstation is idenorogram. Use cable system. 5 p.m. to 6:2 mming that ye enter the letters	during the ramming ons located List specures of the tiffied). The rammer of the tiffied of the t	e accounting another so accounting another so accounting the FCC or, with the number accurate should be an was require listed properties.	g station per m in nonth ately iired	
effect on October 19, 1976.					EN SUBS		7. REASON	
	SUBSTITUTE PROGRAM		SUBSTITUTE PROGRAM CARRIAGE OCCURRED		FOR DELETION			
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— Т		
						_		
						_		
						_		
								
						_		

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

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

LEG	IL NAME OF OWNER OF CABLE SYSTEM: RTHERN IOWA COMMUNICATIONS PARTNERS			SYSTEM ID# 63492	Name
Inst all a (as	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's sect dentifed in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary tı	ransmissi	on service	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.		\$ (Amount of	553,018.00 gross receipts)	
• Con • Con • If you fee • If you accomp	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. our system did not carry any distant television stations, leave block 3 blank. Enter the alfrom block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account. Our transfer of the DSE schedule was completed, the base rate fee should be k 3 below.	arts of th	he DSE S	chedule	Copyright Royalty Fee
▶ If pa	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.	entered	on line 2	in block	
▶ If pa	int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be e	entered or	n line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K				
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.				
	This is your minimum fee.	\$		5,884.11	
Block	 space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. No—Leave block 3 below blank and Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE 	iod?			
	schedule. If none, enter zero				
	Line 3. Add lines 1 and 2 and enter here	\$		2,256.40	
Block 4	 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente 		\$	5,884.11	Cable systems submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		6,609.11	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID # 26JORTC4]		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form and the Excel instructions to		,		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
Name		3492
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name JOHN W. NOAH Telephone 712-853-6121	
	Address 107 S STATE STREET, P.O. BOX 100 (Number, street, rural route, apartment, or suite number)	
	TERRIL, IA 51364 (City, town, state, zip)	
	Email jnoah@terril.com Fax (optional) 712-853-6185	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ John W. Noah	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: JOHN W. NOAH	
	Title: CCO (Title of official position held in corporation or partnership)	
	Date: August 27, 2019	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
NORTHERN IOWA COMMUNICATIONS PARTNERS	63492	
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 additional sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	he basic include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.	ns in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary tra made by satellite carriers to satellite dish owners?	nsmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete.		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
x		Addeddinent
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_	
	.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assist contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ance please	
** 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 C please list below the owner, address, first community served, accounting period, and ID number as given in filing.		
Owner		
Address		
First community served		
Accounting period		
ID number		

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that be all the control of the	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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	GE 11. (CONTINUED)					YSTEM ID#							
1	LEGAL NAME OF OWNER OF CABL	SAL NAME OF OWNER OF CABLE SYSTEM: ORTHERN IOWA COMMUNICATIONS PARTNERS											
	NORTHERN IOWA COM	IMUNICATIO	NS PARTNERS			63492							
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:										
	Add the DSEs of each station				0.75								
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		2.75	1							
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 of space G (page 3).												
Computation	In the column headed "DSE"	": for each indep	endent station, give the DSI	E as "1.0"; for	each network or noncom-								
of DSEs for	mercial educational station, given			•									
Category "O"			CATEGORY "O" STATION	NS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
	KDINDT2	0.250											
	KDINDT3	0.250											
	KDINDT4	0.250											
	KTIVDT2	0.250											
Add rows as	KTIVDT3	0.250	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
necessary.	KTIVDT4	0.250											
Remember to copy	KPTHDT2	0.250											
all formula into new	KPTHDT3	0.250											
rows.	KPTHDT4	0.250											
	KMEGDT2	0.250											
	KMEGDT3	0.250											
-	•••••••••••••••••••••••					•							

Name	NORTHERN IOWA		TIONS PAR	TNERS					s 	43492 63492		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.											
Capacity												
		2. NUMBE	R JRS ED BY	3. NUMBER	RS	4. BASIS OF	F	5. TYPE	6. DS	E		
			÷		=		x		=			
			÷		=		X X					
			-		=		x		=			
			÷		=		x		=			
			÷		=		X		=			
			=				X X		<u> </u>			
	SUM OF DSEs OF CA Add the DSEs of each Enter the sum here	station.		hedule,		▶		0.00				
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the ca • Was carried by you, tions in effect on C • Broadcast one or n space I). Column 2: For eac at your option. This fig Column 3: Enter th Column 4: Divide t decimal point. This is t	ir system in substictober 19, 1976 (nore live, nonnetwind station give the ure should correcte number of days the figure in column he station's DSE	itution for a pro (as shown by the control of the programs of the control of the	ogram that you he letter "P" in our ing that optione, nonnetwork prinformation in a gream 3, rmation on rour	r system v column 7 onal carriage programs space I. scept in a , and give nding, see	vas permitted of space I); and ge (as shown by carried in subscarried in subscarried in cap year. the result in cap page (viii) of the spage (vii	to delete under d y the word "Yes" stitution for progotium 4. Roun the general ins	in column 2 of grams that w	of vere deleted than the third	·m).		
	<u> </u>	SU		BASIS STA	ATIONS:		ATION OF E	SEs		I		
	SIGN OF	JMBER OGRAMS	3. NUMBE OF DAY IN YEAF	′S	SE	1. CALL SIGN	2. NUME OF PROC	BER BRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		-		=				÷		=		
		=		=				÷ ÷		=		
		÷		=				÷		=		
		÷		=				÷ ÷		=		
	SUM OF DSEs OF SU Add the DSEs of each Enter the sum here	station.				▶		0.00				
5 Total Number of DSEs	TOTAL NUMBER OF D number of DSEs applica 1. Number of DSEs 2. Number of DSEs 3. Number of DSEs	able to your syster from part 2 ● from part 3 ●		boxes in parts 2	2, 3, and 4	of this schedul	e and add them	to provide th	2.75 0.00 0.00			
	TOTAL NUMBER OF D	·								2.75		

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

LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:					S'	YSTEM ID#	
NORTHERN IC	OWA COMMUN	NICATIONS	S PARTNER	RS				63492	Name
Instructions: Block A:			oort 6 ood a	7 of the DCC and	odulo blogic -	nd complete =	ort 9 (no 10) -1	: the	6
schedule.	"Yes," leave the re		•	7 of the DSE sche	edule blank a	na complete pa	art 8, (page 16) of	tne	0
If your answer if	"No," complete blo			ELEVISION M	ADVETS				Computation of
Is the cable system	•					ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,	, 1981? oplete part 8 of the	schedule—[OO NOT COM	PLETE THE REM	AINDER OF I	PART 6 AND 7	•		
	olete blocks B and								
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 one 25, 1981. For fine letter M below ract of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfathered instructions fc E Carried pursu. *F A station pre	ules and reguled pursuant to as defined to all education (76. or DSE schedant to individually carries JHF station w	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d))	ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a).63(a) referring abstitution of goasis prior to June 2007.	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s une 25, 198	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in columr			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	
	1	1		l	1	11		0.00	
			1 OCK C: CC	IMDLITATION O	C 2 75 CCC				
				MPUTATION O	1 J./J FEE				•
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			"		
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove					
Line 3: Subtract (If zero, I	line 2 from line 1 leave lines 4–7 b			•		rate.			
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				,x		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	ce L (page 7))		0.00	

Name	NORTHERN IO		S	48TEM ID# 63492									
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (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												
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS					
	1. CALL SIGN					4. BASIS OF CARRIAGE	_	_	6. P	ERMITTED DSE			
	0.0.1	202				07.11.11.102	-	-02		302			
7 Computation of the	In block A: If your answer is	"Yes," comple	ete blocks B and C,		pa	art 8 of the DSE sched	ule.	<u>'</u>					
Syndicated			BLOCK	(A: MAJOR	TE	ELEVISION MARK	ET						
Exclusivity													
Surcharge	• Is any portion of the o	cable system v	vithin a top 100 majo	or television mar	ket			rules in effect J	une 24,	1981?			
	Yes—Complete	blocks B and	IC.			No—Proceed to	part 8						
	BLOCK B: C	arriage of VH	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	i			
	commercial VHF stati	ion that place:				nity served by the cab	le system p						
				mitted DSE					ate permi	tted DSE			
	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 designater statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMIT SIGN DSE PERIOD CARRIAGE DSE DSE DSE DSE DSE DSE DSE DSE DSE DS												
			-										
			-										
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	553,018.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
0 11			
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS SYS										
	I	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)									
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$									
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here.									
		D. Enter 0.00089 of gross receipts (the amount in section 1)									
		E. Subtract 4.000 from the total DSEs (the figure on line C in									
		section 2) and enter here▶									
		F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)									
		Syndicated Exclusivity Surcharge	<u></u> .								
		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p	art								
8		checked "Yes," use the total number of DSEs from part 5.	u. t								
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.									
of	1	ar answer is "No, compute your systems base rate fee in block B. Leave part 3 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low								
Base Rate Fee	blank What i	c. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers									
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	al								
	service	e area," see page (v) of the general instructions.									
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did y	rour cable system retransmit the signals of any partially distant television stations during the accounting period?									
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.									
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$									
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"									
		use the total number of DSEs from part 5.).									
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank.									
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts (the amount in section 1)									
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶									
		(the direction is section i).									
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here									
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)									
		Base Rate Fee	0.00								
	1										

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
NOR	THERN IOWA COMMUNICATIONS PARTNERS	63492	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		U
		_	
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here	_	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ► \$	0.00	
	Dase Nate Fee		
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	•	
Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	i line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	avantage of this	of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Syndicated Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	each group.	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p		Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.	low. However,	Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant states that a community	ion you	Permitted Stations
	to that community. : For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo	ocated	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that state		
	ne token, the station is distant to the subscriber.) : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.	Each	
subscri	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note th		
•	will have only one subscriber group when the distant stations it carried have local service areas that coincide.	tom's subscriber	
groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	lem s subscriber	
	section:		
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all	of the	
	bers in the group.		
• lf:	eveters is leasted whelly systeids all major and amplies talevision markets, give each station's DCC as you gave it is	n narta O O	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in If this schedule; or,	1 parto 2, 3,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general i	nstructions	
	paper SA3 form.		
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the		
	or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.	d to show your	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS 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 OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS 63492									
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP			
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA	TITON	(A-BURT		COMMUNITY/ ARE	A EVERL	Υ		Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
07.22 0.0.1	202	07.22 0.0.1	332	07.122.01.01.1	302	07.22 0.0.1	302	Base Rate Fee	
								and	
		_						Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs	•		0.00		
Gross Receipts First G	Group	\$ 42	2,580.00	Gross Receipts Sec	ond Group	\$	62,910.00		
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	T				FOURT				
0014444		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	KUIHV	EN		COMMUNITY/ ARE	COMMUNITY/ AREA ROYAL				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		_							
				_					
		-							
		_							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 93,834.00			3,834.00	Gross Receipts Fourth Group \$ 37,653.00					
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add t	ne base rat	te fees for each subs	criber aroun	as shown in the hove	s above.				
Enter here and in bloc			onoor group	as shown in the boxes	200VC.	\$	2,256.40		

	43492 63492							NORTHERN IOWA		
		IBER GROUP	H SUBSCRI	TE FEES FOR EAC	BASE RA	COMPUTATION OF	OCK A: C	Bl		
	JP	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GROU	FIFTH			
9 Computat			TERRIL	COMMUNITY/ AREA		RONG	ARMST	COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate						INDT2 0.25				
and		-					0.25	KDINDT3		
Syndicate							0.25	KDINDT4		
Exclusivi	····						0.25	KTIVDT2		
Surcharg							0.25	KTIVDT3		
for							0.25	KTIVDT4		
***							0.25			
Partially							· · · · · · · · · · · · · · · · · · ·	KPTHDT2		
Distant							0.25	KPTHDT3		
Stations							0.25	KPTHDT4		
							0.25	KMEGDT2		
							0.25	KMEGDT3		
	0.00		•	Total DSEs	2.75			Total DSEs		
	20 407 00	\$	nd Group	Gross Receipts Seco	540.00	s 57.	roup	Gross Receipts First G		
	22,407.00	·	· ·	·						
	0.00	\$		Base Rate Fee Seco	318.10	\$ 1,	oup	3ase Rate Fee First G		
	0.00	\$	nd Group		'		•			
=	0.00	\$ SUBSCRIBER GROU	nd Group EIGHTH	Base Rate Fee Seco	'	SUBSCRIBER GROU	SEVENTH			
=	0.00	\$ SUBSCRIBER GROU	nd Group EIGHTH		'	SUBSCRIBER GROU	SEVENTH			
	0.00	\$ SUBSCRIBER GROU	nd Group EIGHTH	Base Rate Fee Seco	'	SUBSCRIBER GROU	SEVENTH			
=	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	RINGS1	COMMUNITY/ AREA		
- - - -	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	RINGST	COMMUNITY/ AREA		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	RINGST DSE 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3		
-	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT2		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT3		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT4 KTIVDT4 KPTHDT2		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT4 KPTHDT2 KPTHDT2		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT4 KPTHDT2 KPTHDT3 KPTHDT4		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT4 KPTHDT2 KPTHDT3 KPTHDT4 KMEGDT2		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT2		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT4 KPTHDT2 KPTHDT3 KPTHDT4 KMEGDT2		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT4 KPTHDT2 KPTHDT3 KPTHDT4 KMEGDT2		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT4 KPTHDT2 KPTHDT3 KPTHDT4 KMEGDT2		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT4 KPTHDT2 KPTHDT3 KPTHDT4 KMEGDT2		
	0.00	SUBSCRIBER GROUR	EIGHTH	Base Rate Fee Seco	JP	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT4 KPTHDT2 KPTHDT3 KPTHDT4 KMEGDT2 KMEGDT3		
	DSE	SUBSCRIBER GROUR CALL SIGN	EIGHTH PALMER DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	JP DSE	SUBSCRIBER GROUTED CALL SIGN	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT4 KPTHDT2 KPTHDT3 KPTHDT4 KMEGDT2		
	0.00	SUBSCRIBER GROUR CALL SIGN	EIGHTH PALMER DSE	CALL SIGN CALL SIGN Total DSEs	JP DSE 2.75	SUBSCRIBER GROUTED CALL SIGN	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN KDINDT2 KDINDT3 KDINDT4 KTIVDT2 KTIVDT3 KTIVDT4 KPTHDT2 KPTHDT3 KPTHDT4 KMEGDT2 KMEGDT3		

EGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS 63492								Name
NORTHERN IOWA	A COMMU	JNICATIONS PAR	RTNERS				63492	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	NINTH	SUBSCRIBER GROU	JP		TENTH	I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	POCAH	IONTAS		COMMUNITY/ AREA	PLOVE	R		9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Stations
Total DSEs	-		0.00	Total DSEs	•		0.00	
		-						
Gross Receipts First G	Group	<u>\$ 14</u>	985.00	Gross Receipts Seco	ond Group	\$	5,095.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
			•					
		SUBSCRIBER GROU	JP			SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	CURLE	W		COMMUNITY/ AREA				
							I	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
	_							
Gross Receipts Third	Group	\$	300.00	Gross Receipts Four	τη Group	\$	18,282.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to	he base rat	te fees for each subso	riber group	as shown in the boxes	s above.			
Enter here and in bloc						\$		

LEGAL NAME OF OWNE NORTHERN IOWA			ARTNERS			S	63492	Name
				ATE FEES FOR EAG		RIBER GROUP	-	
		SUBSCRIBER GRO	DUP	††	9			
COMMUNITY/ AREA	MALLA	AKD		COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 1	0,789.00	Gross Receipts Sec	ond Group	\$	49,151.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		 -						
				-				
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third (Group	\$	9,590.00	Gross Receipts Fou	ırth Group	\$	21,578.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee Third C Base Rate Fee: Add the Enter here and in block	ne base ra	te fees for each sub-				\$	0.00	

LEGAL NAME OF OWNE			RTNERS			S	63492	Name
BI	OCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCE	RIBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GRO)UP	E	EIGHTEENTH	I SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	AYRSH	IRE - GILLETTE	GROVE	COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KDINDT2	0.25							Base Rate F
KDINDT3	0.25							and
KDINDT4	0.25							Syndicated
WHODT2	0.25							Exclusivity
WHODT3	0.25							Surcharge
WHODT4	0.25							for
WIIODIA	0.23							
								Partially
								Distant
								Stations
T-4-1 DOE-	<u> </u>		4.50	T-4-1 DOE-		11	0.00	
Total DSEs			1.50	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 12	2,288.00	Gross Receipts Sec	ond Group	\$	6,905.00	
Base Rate Fee First G	roup	\$	173.81	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	NTEENTH	SUBSCRIBER GRO	DUP		TWENTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA				H		TINGER - WALLII		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	_			_				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	9,118.00	Gross Receipts Fou	rth Group	\$	29,250.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat	re fees for each subs				s	3.33	

LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS 63492									
В				TE FEES FOR EAC		RIBER GROUP SUBSCRIBER GRO			
		SUBSCRIBER GRO	DUP		9				
COMMUNITY/ AREA	TITONI	KA-BURT		COMMUNITY/ ARE	Computation				
CALL SIGN	DSE	DSE CALL SIGN D		CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and	
								Syndicated	
								Exclusivity	
		-						Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs	_		0.00	Total DSEs		11	0.00		
Total DSEs 0.00				Gross Receipts Sec	ond Group	\$	62,910.00		
Gioss Neceipts i list c	oss Receipts First Group \$ 42,580.00			Gross Receipts Sec					
sase Rate Fee First Group \$ 0.00			Base Rate Fee Sec						
	THIRD	SUBSCRIBER GRO	DUP						
COMMUNITY/ AREA	RUTHV	/EN		COMMUNITY/ ARE					
	T BOE	II OALL OLON	T 505		Looe	II oall olon			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
F-4-1 DOF-			0.00	T-4-1 DO5			0.00		
Total DSEs	_		0.00	Total DSEs			0.00		
Gross Receipts Third (Group	\$ 9	3,834.00	Gross Receipts Fou	irth Group	\$	37,653.00		
Dono Boto Est. Title 10	Dun. 1		0.00	Dana Data E	adh C				
Base Rate Fee Third (oup	\$	0.00	Base Rate Fee Fou	irti1 Group	\$	0.00		
Base Rate Fee: Add th			scriber group	as shown in the boxe	es above.				
Enter here and in block	k 3, line 1,	space L (page 7)				\$	0.00		

NORTHERN IOWA	COMM	LE SYSTEM: JNICATIONS PA	RTNERS				63492	Name	
В				TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO			
		SUBSCRIBER GRO	UP		9				
COMMUNITY/ AREA	ARMST	RONG		COMMUNITY/ AREA	Computation				
CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE CALL SIGN				DSE	of		
								Base Rate F	
								and	
								Syndicated	
								Exclusivit	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
	<u></u>								
Γotal DSEs			0.00	Total DSEs		! !	0.00		
Gross Receipts First Group \$ 57,540.00				Gross Receipts Sec	ond Group	\$	22,407.00		
			,						
sase Rate Fee First Group \$ 0.00					Base Rate Fee Second Group \$ 0.00				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
		SUBSCRIBER GRO		Base Rate Fee Seco		SUBSCRIBER GRO	<u>,</u>		
	SEVENTH	SUBSCRIBER GRO		Base Rate Fee Second COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	<u>,</u>		
	SEVENTH	SUBSCRIBER GRO			EIGHTH	SUBSCRIBER GRO	<u>,</u>		
	SEVENTH	SUBSCRIBER GRO			EIGHTH	SUBSCRIBER GRO	<u>,</u>		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
CALL SIGN	SEVENTH RINGS	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP		
CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GROFED CALL SIGN	DUP DSE 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	EIGHTH A PALMEI DSE	SUBSCRIBER GRO R CALL SIGN	DSE		
CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GROFED CALL SIGN	DSE	CALL SIGN	EIGHTH A PALMEI DSE	SUBSCRIBER GRO	UP DSE		
COMMUNITY/ AREA	SEVENTH RINGS	SUBSCRIBER GROFED CALL SIGN \$ 33	DUP DSE 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	EIGHTH A PALMEI DSE	SUBSCRIBER GRO R CALL SIGN	DSE		
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third (SEVENTH RINGS	SUBSCRIBER GROFED CALL SIGN	DUP DSE 0.00 3,373.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Foul	EIGHTH A PALMEI DSE	SUBSCRIBER GRO R CALL SIGN	DSE 0.00 15,390.00		

			RTNERS				63492	Name
В		COMPUTATION OF		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO		
		SUBSCRIBER GRO	UP		9			
COMMUNITY/ AREA	POCAH	HONTAS		COMMUNITY/ ARE	Computation			
CALL SIGN	DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE					DSF	of	
07 KEE 01011	DOL	OF ILLE STOTE	DOL	OFFICE CICIT	DOL	ONEE STOTA	502	Base Rate F
				-		-		and
								Syndicated
								Exclusivity
								Surcharge
			<u></u>					for
			<u></u>					Partially
			<u></u>					Distant
		-						Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Proce Bossinto First (`roun	. 14	,985.00	Cross Bossints Sos	and Craun	\$	5,095.00	
Gross Receipts First C	oroup	\$ 14	,305.00	Gross Receipts Sec				
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	UP					
COMMUNITY/ AREA	CURLE	W		COMMUNITY/ ARE				
CALL SICK	Dec	I CALL SIGN	Dec	CALLSION		T CALL SIGN	DOE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
	DSE	CALL SIGN				CALL SIGN		
Fotal DSEs		CALL SIGN	0.00	Total DSEs	DSE		0.00	
Total DSEs		CALL SIGN			DSE			
Total DSEs Gross Receipts Third			0.00	Total DSEs	DSE		0.00	
Total DSEs Gross Receipts Third	Group	\$	0.00	Total DSEs Gross Receipts Fou	DSE	\$	0.00	
Fotal DSEs	Group		0.00	Total DSEs	DSE		0.00	

EGAL NAME OF OWNER OF CABLE SYSTEM: ORTHERN IOWA COMMUNICATIONS PARTNERS 63492									
		COMPUTATION OF					LID		
		SUBSCRIBER GRO	UP	FOURTEENTH SUBSCRIBER GROUP				9	
COMMUNITY/ AREA	MALLA	/KD		COMMUNITY/ AREA WEST BEND				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and	
								Syndicate	
								Exclusivit	
								Surcharge	
								for	
	<u></u>							Partially	
								Distant	
								Stations	
	<u></u>								
Total DSEs	4	Į Į	0.00	Total DSEs		Ц	0.00		
					and Croup	\$	49,151.00		
Gross Receipts First G	roup	\$ 10	,709.00	Gross Receipts Sec					
sase Rate Fee First Group \$ 0.00			Base Rate Fee Sec						
FI	FTEENTH	SUBSCRIBER GRO	UP						
COMMUNITY/ AREA	HAVEL	OCK		COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u></u>								
						_			
	<u>-</u>								
	4								
				I I					
Fotal DSEs			0.00	Total DSEs			0.00		
	Group	\$ 9	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00		
	Group	\$ 9			rth Group	\$	-		
Total DSEs Gross Receipts Third (·	s 9				\$	-		
Gross Receipts Third 0	·		,590.00	Gross Receipts Fou			21,578.00		

BLOC	EGAL NAME OF OWNER OF CABLE SYSTEM: ORTHERN IOWA COMMUNICATIONS PARTNERS 63492								
				TE FEES FOR EAC					
		SCRIBER GROU		EIGHTEENTH SUBSCRIBER GROUP				9	
COMMUNITY/ AREA AY	RSHIRE	- GILLETTE (GROVE	COMMUNITY/ AREA SWEA CITY				Computation	
CALL SIGN DS	SE C	ALL 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	ross Receipts First Group \$ 12,288.00			Gross Receipts Seco	ond Group	\$	6,905.00		
Base Rate Fee First Group	\$		0.00	Base Rate Fee Seco	ond Group	\$	0.00		
NINTER	ENTH SUB	SCRIBER GROU	JP		TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA AL	GONA			COMMUNITY/ AREA					
	or II o				I DOE	II oall olon	505		
CALL SIGN DS	SE C	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u> </u>				<u></u>		
			_						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 9,118.00		9	,118.00	Gross Receipts Four	th Group	\$	29,250.00		
Gross Receipts Third Group									
Gross Receipts Third Group									

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHERN IOWA COMMUNICATIONS PARTNERS 63492 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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