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.

DATE RECEIVED

08/20/2020

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α						
A	ACCOUNTING PERIOD COVERED BY THIS STATEME	INT:				
Accounting Period	2020/1					
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting perioa Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 3485*					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTE	EM				
	Midstate Communications Inc.					
				3485	120192	
				34851	2020/1	
	DO Box 49					
	PO Box 48 Kimball, SD 57355					
•	INSTRUCTIONS: In line 1, give any business or trade names us	sed to identify the business	and operation of the syst	em unless	these	
С	names already appear in space B. In line 2, give the mailing add	2				
System	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. I	Identify only the frst comm	unity served below and rel	ist on page	e 1b	
Area	with all communities.					
Served	CITY OR TOWN	STATE				
First Community		SD				
,	Below is a sample for reporting communities if you report multi	· · · · · · · · · · · · · · · · · · ·		SI ID	CPD#	
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP	SUB	GRP#	
Sample	Alliance	MD	B		2	
	Gering	MD	В		3	
-	Section 111 of title 17 of the United States Code authorizes the Copyright Offce tess your statement of account. PII is any personal information that can be used to					
	ng PII, you are agreeing to the routine use of it to establish and maintain a public	•				
	ared for the public. The effect of not providing the PII requested is that it may dela statements of account, and it may affect the legal suffciency of the fling, a determ			e		

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

SYSTEM ID#

34851

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 identifcation hereafter known as the "first community." Please use it as the first community on all future filings. 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# WHITE LAKE SD First **CHAMBERLAIN** SD Community **PUKWANA** SD **KIMBALL** SD OACOMA SD STICKNEY SD See instructions for PLATTE SD additional information on alphabetization. **GEDDES** SD DELMONT SD ACADEMY SD **NEW HOLLAND** SD Add rows as necessary. **FT THOMPSON** SD **GANN VALLEY** SD

FORM SA3E. PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midstate Communications Inc.

Nama	LEGAL NAME OF OWNER OF CABL	E SYSTEM:								. PAGE
Name	Midstate Communicatio	ns Inc.							3	3485
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c	pace E should on of television ay cable) in sp (June 30 or D blocks in spa / transmission umber of billing ice at the rate i	cover a and ra ace F, ecemb ce E ca service s in tha indicate	all categories o dio broadcasts not here. All the er 31, as the ca all for the numbe e. In general, yo at category (the ed—not the nur	f second by your e facts y se may er of sul u can c numbe nber of	system to subscri you state must be to be). becribers to the ca ompute the number of persons or org sets receiving service	bers. Give hose existi ble system of subscr janizations ice).	information ing on the , broken ribers in charged		
	unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or	ounts allowed in space E, the to their subsc Where an in should be cour ble service to a	for adv e form ribers. dividua nted as additior	ance payment. lists the catego Give the numbe I or organizatio a subscriber in nal sets would b	ries of s er of sul n is reco each a pe includ	econdary transmis oscribers and rate eiving service that pplicable category ded in the count ur	sion servic for each lis falls under . Example:	e that cable ted category different a residential		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	nas rate catego ers of services	ories fo that in	r secondary tra clude one or m	nsmissi ore sec	on service that are ondary transmission	ons), list the	em, together		
	BLC	DCK 1					BLOC	K 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	C/	ATEGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	R	ATE
	Residential: • Service to first set		400	\$ 57.95	DIGIT			1,669	\$	65.9
	 Service to additional set(s) FM radio (if separate rate) 				LOCA	L CHOICE		68	\$	19.9
	Motel, hotel Commercial Converter									
	Residential Non-residential									
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg tion and includ	ber) info that are ns: you nished t usually he cab stem fu e was le the r	ormation with re ormation with re do not need to o nonsubscribe billed. If any ra le system for ea rnished or offer made or establi	espect to combina give ra ers. Rate ates are ach of th ed durin	ation with any seco te information con e information shou charged on a vari ne applicable servio ng the accounting	ondary tran cerning (1) ld include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not e form of a		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	R	ATE
	Continuing Services: • Pay cable		Install • Mo	ation: Non-res						
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pa	mmercial y cable y cable-add'l cl	nannel		HBO SHOWTI CINEMA		\$ \$ \$	19.0 19.0 12.4
	Installation: Residential • First set • Additional set(s)	\$ 57.00	• Bu Other	e protection rglar protection services:			STARZ/E	NCORE	\$	12.4
	 FM radio (if separate rate) Converter 		• Di: • Ot	econnect sconnect itlet relocation ove to new addr	ess	\$ 20.00 \$ 57.00 \$ 40.00				

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2020/1	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)		
Period				

	INSTR	NUCTIONS:]					
в	Give	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full						
Owner	corpo	prate title of the subsidiary, not that of the parent corporation.						
	In line	e 2, list any other names under which the owner conducts the business of the cable system.						
	If the	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit						
	a sin	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DAT/					
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 34851	Filing Period					
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	34					
		Midstate Communications Inc.						
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):						
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:						
		PO Box 48						
		(Number, street, rural route, apartment, or suite number)						
		Kimball, SD 57355						
		(City, town, state, zip)	_					
	INCTO	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	_					
С	names	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	4	IDENTIFICATION OF CABLE SYSTEM:	_					
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, runa route, spannent, or suite number)						
		(City, Iown, state, zip code)						

·	BLO						
Е	BEO		1	r			
-		NO. OF					
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE				
Secondary	Residential:						
Transmission	 Service to first set 	400	57.95				
Service: Sub-	 Service to additional set(s) 		l				
scribers and	FM radio (if separate rate)		1				
Rates	Motel, hotel						
nutoo	Commercial		•••••				
	Converter						
	Residential						
	 Non-residential 						
			ľ				
			1	L			
			BLOCK 1			7	
				050 //05	DATE	-	
-	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	_	
F	Continuing Services:		Installation: No				
	Pay cable			Motel, hotel			
Services	 Pay cable—add'l channel 			Commercial			
Other Than	Fire protection		1	Pay cable		1	
Secondary	 Burglar protection 		1	Pay cable-add'l channel		1	
Transmissions:	Installation: Residential		1	Fire protection		1	
		F7.00					
Rates	First set	57.00		 Burglar protection 			
	 Additional set(s) 		Other services:				
	 FM radio (if separate rate) 			Reconnect	20.00		
	Converter			Disconnect			
			1	Outlet relocation	57.00	1	
				Move to new address	40.00	1	
				- Move to new address	-0.00		
						-1	
Channels	to its subscribers and (2) the cal			ted channels, during the a	counting period.		
Channels	to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car	nnels on which the dcast stations vated channels	cable	ted channels, during the a	counting period.	13	
Channels	 Enter the total number of cha system carried television broa Enter the total number of activity 	nnels on which the dcast stations vated channels ried television broa	cable	ted channels, during the a	counting period.	13	
Channels N Individual to Be Contacted	 Enter the total number of cha system carried television broa Enter the total number of action on which the cable system car 	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I	cable				
N Individual to	1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I	cable idcast stations				
N Individual to Be Contacted for Further	Enter the total number of cha system carried television broa Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater	Annels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48	cable dcast stations NFORMATION	IS NEEDED (Identify an ir	dividual	186	
N Individual to Be Contacted for Further	I. Enter the total number of cha system carried television broa Z. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	Annels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48 (Numt	cable dcast stations NFORMATION h		dividual	186	
N Individual to Be Contacted for Further	I. Enter the total number of cha system carried television broa Z. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48 (Num Kimball, SD 6	cable dcast stations NFORMATION h csr, street, rural r 57355	IS NEEDED (Identify an ir	dividual	<u>186</u> 605-778-6221	
N Individual to Be Contacted for Further	I. Enter the total number of cha system carried television broa Z. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48 (Num Kimball, SD 6	cable dcast stations NFORMATION h	IS NEEDED (Identify an ir	dividual Telephone	<u>186</u> 605-778-6221	
N Individual to Be Contacted for Further	I. Enter the total number of cha system carried television broa Z. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48 (Num Kimball, SD 6	cable dcast stations NFORMATION h csr, street, rural r 57355	IS NEEDED (Identify an ir	dividual Telephone	<u>186</u> 605-778-6221	
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N Individual to Be Contacted for Further	I. Enter the total number of cha system carried television broa Z. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48 (Num Kimball, SD 6	cable dcast stations NFORMATION h oer, street, rural r 57355 town, state, zip)	IS NEEDED (Identify an ir	dividual Telephone	<u>186</u> 605-778-6221	
N Individual to Be Contacted for Further	I. Enter the total number of cha system carried television broa Z. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address	Annels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48 (Num Kimball, SD 5 (City,	cable dcast stations NFORMATION h oer, street, rural r 57355 town, state, zip)	IS NEEDED (Identify an ir	dividual Telephone	<u>186</u> 605-778-6221	
N Individual to Be Contacted for Further	I. Enter the total number of cha system carried television broa Z. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48 (Numt Kimball, SD 5 (City, tammy@midd of account must be be submitted with	cable dcast stations NFORMATION h ser, street, rural r 57355 town, state, zip) staff.net certifed and s an electronic?	IS NEEDED (Identify an ir oute, apartment, or suite num	dividual Telephone Fax (optional)	186 605-778-6221 605-778-8080	
N Individual to Be Contacted for Further Information	1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48 (Numt Kimball, SD 5 (City, tammy@midd of account must be be submitted with	cable dcast stations NFORMATION h ser, street, rural r 57355 town, state, zip) staff.net certifed and s an electronic?	IS NEEDED (Identify an ir oute, apartment, or suite num igned in accordance with O s/r signature (e.g., /s/John in Space O of tab "page 8,	dividual Telephone Fax (optional) opyright Office reg space M-O".	186 605-778-6221 605-778-8080	
N Individual to Be Contacted for Further Information	1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48 (Numt Kimball, SD 5 (City, tammy@midd of account must be be submitted with	cable dcast stations NFORMATION h cer, street, rural r 57355 town, state, zip) staff.net certified and s an electronic ¹¹ signature box Typed or prin Title:	IS NEEDED (Identify an ir oute, apartment, or suite num igned in accordance with C s/r signature (e.g., /s/Johr in Space O of tab "page 8, ted name: Mark B General Manager	dividual Telephone Peri Fax (optional) opyright Office reg Smith). Do not fo space M-O".	186 605-778-6221 605-778-8080 ulations.) rget to enter an electronic	
N Individual to Be Contacted for Further Information	1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Tammy Wals PO Box 48 (Numt Kimball, SD 5 (City, tammy@midd of account must be be submitted with	cable dcast stations NFORMATION h cer, street, rural r 57355 town, state, zip) staff.net certified and s an electronic ¹¹ signature box Typed or prin Title:	IS NEEDED (Identify an ir oute, apartment, or suite num igned in accordance with C s/* signature (e.g., <i>fsJohr</i> in Space O of tab *page 8, ted name: Mark B	dividual Telephone Peri Fax (optional) opyright Office reg Smith). Do not fo space M-O".	186 605-778-6221 605-778-8080 ulations.) rget to enter an electronic	

Total Gross Receipts

Subgroup Gross Receipts Total

\$ 743,034.93
 ОК

\$

743,034.93

Subgroup	Subgroup/Community Name	Gross Receipts
FIRST 1	All	\$ 743,034.93
SECOND 2		
THIRD 3		
FOURTH 4		
FIFTH 5		
SIXTH 6		
SEVENTH 7		
EIGHTH 8		
NINTH 9		
TENTH 10		
ELEVENTH 11		
TWELVTH 12		
THIRTEENTH 13		
FOURTEENTH 14		
FIFTEENTH 15		
SIXTEENTH 16		
SEVENTEENTH 17		
EIGHTEENTH 18		
NINTEENTH 19		
TWENTIETH 20		
TWENTY-FIRST 21		
TWENTY-SECOND 22		
TWENTY-THIRD 23		
TWENTY-FOURTH 24		
TWENTY-FIFTH 25		
TWENTY-SIXTH 26		
TWENTY-SEVENTH 27		
TWENTY-EIGHTH 28		
TWENTY-NINTH 29		
THIRTIETH 30		
THIRTY-FIRST 31		
THIRTY-SECOND 32		
THIRTY-THIRD 33		
THIRTY-FOURTH 34		
THIRTY-FIFTH 35		
THIRTY-SIXTH 36		
THIRTY-SEVENTH 37		
THIRTY-EIGHTH 38		
THIRTY-NINTH 39		
FORTIETH 40		

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
KPLO	6.1	Ν	RELIANCE, SD	0.250	
UTV	6.2	I-M	RELIANCE, SD	1.000	
KPLO-DT4	6.4	N-M	RELIANCE, SD	0.250	
KDLV-TV	5.1	Ν	MITCHELL, SD	0.250	
KDLV-SD	5.2	Ν	MITCHELL, SD	0.250	
KPRY-TV	4	Ν	PIERRE, SD	0.250	
KSFY-DT2	13.2	I-M	PIERRE, SD	1.000	
KSFY-DT3	13.3	I-M	PIERRE, SD	1.000	
KTTW	7	Ν	SIOUX FALLS, SD	0.250	
KTTW-DT2	7.2	I-M	SIOUX FALLS, SD	1.000	0
KUSD-TV	2	E	VERMILLION, SD	0.250	0
KUSD-DT2	2.2	E-M	VERMILLION, SD	0.250	0
KUSD-DT3	2.3	E-M	VERMILLION, SD	0.250	
				#N/A	
				#N/A #N/A	
				#N/A	
				.,	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
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			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
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			#N/A	
			#N/A #N/A	
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			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
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			#N/A	
			#N/A #N/A	
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			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
				#N/A	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Midstate Communications Inc.	20192

Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#		
Midstate Comm	nunications	Inc.			34851	Name	
PRIMARY TRANSMITT	ERS: TELEVISIO	NC					
			· · ·		and low power television stations)	G	
					ed only on a part-time basis under ain network programs [sections	G	
0		,	, I U	0	ain network programs [sections and (2) certain stations carried on a	Primary	
substitute program bas	sis, as explaine	ed in the next	paragraph.			Transmitters:	
				s carried by your c	able system on a substitute program	Television	
 basis under specifc F0 Do not list the station 				e Special Stateme	ent and Program Log)—if the		
station was carried	only on a subs	titute basis.					
					tute basis and also on some other		
in the paper SA3 fo		erning substit		ns, see page (v) o	f the general instructions located		
		-			s such as HBO, ESPN, etc. Identify		
			0	•	tion. For example, report multi- h stream separately; for example		
WETA-simulcast).			be reported in t		r stream separately, for example		
			-		ion for broadcasting over-the-air in		
on which your cable s	•		annel 4 in Wash	ington, D.C. This	may be different from the channel		
			ation is a netwo	ork station, an inde	ependent station, or a noncommercial		
	•	•	<i>,</i> . (ast), "I" (for independent), "I-M"		
For the meaning of the	<i>/</i> ·· (<i>,</i> ·	``	ommercial educational multicast).		
					es". If not, enter "No". For an ex-		
planation of local servi							
			•	•	stating the basis on which your tering "LAC" if your cable system		
carried the distant stat	ion on a part-tii	me basis beca	ause of lack of a	ctivated channel o	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							
-					ry transmitter, enter the designa-		
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further		
					d in the paper SA3 form. / to which the station is licensed by the		
					which the station is identifed.		
Note: If you are utilizir	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AA			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
KPLO	6.1	N	No		RELIANCE, SD		
UTV	6.2	I-M	No		RELIANCE, SD	See instructions for	
KPLO-DT4	6.4	N-M	No		RELIANCE, SD	additional information on alphabetization.	
KDLV-TV	5.1	N	No		MITCHELL, SD		
KDLV-SD	5.2	N	No				
KPRY-TV	4	N	No		PIERRE, SD		
KSFY-DT2	13.2	I-M	No		PIERRE, SD		
KSFY-DT3	13.3	I-M	No		PIERRE, SD		
KTTW	7	N	No		SIOUX FALLS, SD		
KTTW-DT2	7.2	I-M	No	-	SIOUX FALLS, SD		
KUSD-TV	2	E	Yes	0	VERMILLION, SD		
KUSD-DT2	2.2	E-M	Yes	0	VERMILLION, SD		
KUSD-DT3	2.3	E-M	Yes	0	VERMILLION, SD		
						"	

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Midstate Communications Inc.	

LEGAL NAME OF OWN	NER OF CABLE SY	YSTEM:			SYSTEM ID#		
Midstate Comm	nunications	Inc.			34851	Name	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
	· · ·	,	· · · ·		and low power television stations) d only on a part-time basis under	G	
76.59(d)(2) and (4), 76	6.61(e)(2) and (4), or 76.63 (r	referring to 76.6		ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:	
substitute program bas Substitute Basis S				carried by your c	able system on a substitute program	Television	
basis under specifc FC							
Do not list the station station was carried	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the		
• List the station here,	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located		
		sign. Do not r	eport originatior	n program service:	s such as HBO, ESPN, etc. Identify		
			•	•	tion. For example, report multi-		
WETA-simulcast).	-2 . Simulcasi	streams must	be reported in a	column 1 (list each	n stream separately; for example		
Column 2: Give the			•		on for broadcasting over-the-air in		
its community of licens on which your cable sy	•		annel 4 in Wash	ington, D.C. This	may be different from the channel		
			tation is a netwo	rk station, an inde	pendent station, or a noncommercial		
	0	· · ·	<i>,,</i> , , , , , , , , , , , , , , , , , ,		ast), "I" (for independent), "I-M"		
For the meaning of the	<i>//</i>		, ·	``	mmercial educational multicast). ne paper SA3 form.		
Column 4: If the st	ation is outside	the local serv	/ice area, (i.e. "c	listant"), enter "Ye	s". If not, enter "No". For an ex-		
planation of local servi					e paper SA3 form. stating the basis on which your		
			•	•	ering "LAC" if your cable system		
carried the distant stat	•						
					payment because it is the subject stem or an association representing		
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	ry 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 further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.							
					to which the station is licensed by the		
				•	which the station is identifed.		
Note: If you are utilizir	ng multiple char	• •	•		channel line-up.		
			EL LINE-UP				
1. CALL	2. B'CAST	3. TYPE OF	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	STATION	(Yes or No)	CARRIAGE (If Distant)			
	HOMBER	- children		(ii biotant)			
						1	

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

Midstate Communications Inc. 34851 Name 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 76.63(e)(2) and (4)); and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, ace sepained in the next paragraph. Certain stations carried 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). For independent, "Limit and ther the station according to its over-the-air designation. For example, report multi-cast stream as out a concerning substitute basis station, for example, report multi-cast stream as WETA-2". Simulcast stream sub to reported in column 1 (list each stream separately; for example with the station is a network station, an independent station, or a noncommercial educational. Nor "Low reaction and 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 and or part-station during the accounting period. Indicate by entering "Low" Ci wour cable system carried the distant station or 2	
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 fC55(d)(2) and (4), or 76.63 (refering to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: a 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 asociated with a station according to its over-the-air designation. For example, report multi-cast stream asociated with a station according to its over-the-air designation. For example, wETA-2'. Simulcast stream sust be reported in column 1 (list each stream secorated by our cable system carried the station) is an entwork station, an independent from the channel on which your cable system carried the station. Si channel 4 in Washington, D. C. This may be different from the channel on which your cable system carried the blocal service area, (i.e. "distant", enter "Yes". If one, 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 on a part-time basis because of lack of a	
Garried 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), or 76,63 (refring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a substitute basis studer 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, as explained in the next paragraph. It is the station was carried only on a substitute basis. Station scare is paper (1) is the station was carried only on a substitute basis. Station scare is a space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. Station information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station scale station is call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multi-cast stream ascidated with a station according to its over-the-air designation. For example, WETA-2". Simulcast streams must be reported in column 1 (list each stream secolated with a station according to its over-the-air designation. For example, were call of the station is a network station, an independent from the channel on which your cable system carried the station. S call equational, 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 out, 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 nave entered "Yes" in columin 4, you must complete column 5, stating the basis on which your cable system carried the distant s	
 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here, and also 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. 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 asciated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately, for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "f" (for independent), "I-M" (for independent), "I-M" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For Use statem as easerage (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 multicast stream that is n	
 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 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). For the meaning of these terms, 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 multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into	
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 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 during the accounting period. I	
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 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 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 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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these	
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 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 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 designa- tion "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 st	
 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 with 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. 	
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 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 designa- tion "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.	
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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 designa- tion "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.	
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 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.	
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.	
CHANNEL LINE-UP AC	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	
SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant)	

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	
Midstate Comm	nunications	Inc.			34851	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect of	he accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie le carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections	G
substitute program bas	sis, as explaine	d in the next	paragraph.		nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
• List the station here, basis. For further in in the paper SA3 fo	and also in spa formation conc rm.	ace I, if the sta erning substit	tute basis statior	ns, see page (v) o	ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	ion. For example, report multi- a stream separately; for example on for broadcasting over-the-air in	
its community of licens on which your cable sy Column 3: Indicate	se. For example stem carried th in each case v	e, WRC is Channe station. Whether the st	annel 4 in Wash tation is a netwo	ington, D.C. This rk station, an inde	may be different from the channel pendent station, or a noncommercial	
(for independent multion For the meaning of the	cast), "E ["] (for n ese terms, see	oncommercia page (v) of th	l educational), o e general instruc	r "E-M" (for nonco ctions located in th	ast), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-	
cable system carried t	ave entered "Y he distant statio	es" in column	4, you must cor accounting perio	nplete column 5, s od. Indicate by ent	tating the basis on which your ering "LAC" if your cable system	
of a written agreement	ion of a distant entered into o	: multicast stre n or before Ju	eam that is not s ine 30, 2009, be	ubject to a royalty tween a cable sys	payment because it is the subject tem or an association representing	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any ot	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.	
	Canadian static	ons, if any, giv	e the name of th	ne community with	to which the station is licensed by the which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Midstate Communications Inc.	

LEGAL NAME OF OW	NER OF CABLE S	YSTEM:			SYSTEM ID#		
Midstate Comr	nunications	Inc.			34851	Name	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
	, ,	,	(U		and low power television stations) d only on a part-time basis under	G	
76.59(d)(2) and (4), 76	6.61(e)(2) and (4), or 76.63 (I	eferring to 76.6		ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:	
substitute program ba Substitute Basis				carried by your c	able system on a substitute program	Television	
basis under specifc F	CC rules, regula	ations, or auth	orizations:				
 Do not list the station station was carried 	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the		
 List the station here, basis. For further in 	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located		
in the paper SA3 for Column 1: List each		sign. Do not r	eport originatior	n program services	s such as HBO, ESPN, etc. Identify		
each multicast stream	associated wit	h a station ac	cording to its over	er-the-air designat	ion. For example, report multi-		
	A-2". Simulcast	streams must	be reported in o	column 1 (list each	stream separately; for example		
WETA-simulcast). Column 2: Give th	e channel numl	ber the FCC h	as assigned to t	the television station	on for broadcasting over-the-air in		
	•		annel 4 in Wash	ington, D.C. This ı	may be different from the channel		
on which your cable s			ation is a netwo	rk station an inde	pendent station, or a noncommercial		
					ast), "I" (for independent), "I-M"		
`	<i>,,</i> (<i>,</i> ,	``	mmercial educational multicast).		
For the meaning of the					e paper SA3 form. s". If not, enter "No". For an ex-		
planation of local serv			,	,			
-			•	•	stating the basis on which your		
cable system carried t carried the distant stat		•	0.		ering "LAC" if your cable system		
	•				payment because it is the subject		
-					tem or an association representing		
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 further							
· · /					d in the paper SA3 form.		
				•	to which the station is licensed by the		
Note: If you are utilizin				-	which the station is identifed.		
		• •	EL LINE-UP	•			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION	, , , , , , , , , , , , , , , , , , ,	(If Distant)			

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Midstate Communications Inc.	

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
Midstate Comm	nunications	Inc.			34851	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
	· · ·	,	(U		and low power television stations) d only on a part-time basis under	G
	6.61(e)(2) and (4), or 76.63 (r	eferring to 76.6		ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
				carried by your c	able system on a substitute program	Television
basis under specifc F0 • Do not list the station				e Special Stateme	ent and Program Log)—if the	
station was carried	,			l hath an a substit	ute basis and also an assure other	
,	formation conc	,			ute basis and also on some other f the general instructions located	
Column 1: List eac	ch station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi-	
WETA-simulcast).	-2 . Simulcasi	streams must	be reported in c	column 1 (list each	n stream separately; for example	
Column 2: Give the			Ũ		on for broadcasting over-the-air in	
	•		annel 4 in Wash	ington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	rk station, an inde	pendent station, or a noncommercial	
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	ast), "I" (for independent), "I-M"	
· ·	<i>//</i>		<i>,</i> ,	``	mmercial educational multicast).	
For the meaning of the Column 4: If the st					e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local servi	ice area, see pa	age (v) of the	general instructi	ions located in the	paper SA3 form.	
-			•	•	stating the basis on which your	
cable system carried t		•	0.		ering "LAC" if your cable system	
	•				payment because it is the subject	
-				•	stem or an association representing	
,			•	• .	y transmitter, enter the designa- her basis, enter "O." For a further	
· · /					d in the paper SA3 form.	
					to which the station is licensed by the	
				•	which the station is identifed.	
Note: If you are utilizir	ng multiple chai	• •	EL LINE-UP	•	channel line-up.	
	0. DIOAOT					
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	(Yes or No)	(If Distant)		
	NOWBER	onthold		(ii Distant)		

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	
Midstate Comn	nunications	Inc.			34851	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s	system during t ions in effect of	he accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie le carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections	G
substitute program bas Substitute Basis S	sis, as explaine Stations: With	d in the next respect to any	paragraph. / distant stations		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo	formation conc rm.	erning substit	ute basis station	ns, see page (v) o	ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit -2". Simulcast	h a station acc streams must	cording to its over be reported in o	er-the-air designat column 1 (list each	tion. For example, report multi- n stream separately; for example	
its community of licens on which your cable sy	e. For example /stem carried th	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial	
educational station, by (for independent multion For the meaning of the	r entering the le cast), "E" (for n ese terms, see	etter "N" (for no oncommercia page (v) of the	etwork), "N-M" (l educational), o e general instruc	for network multic r "E-M" (for nonco ctions located in th	ast), "I" (for independent), "I-M" mmercial educational multicast).	
planation of local servi Column 5: If you h	ce area, see pa ave entered "Y	age (v) of the es" in column	general instructi 4, you must cor	ions located in the nplete column 5, s		
	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	capacity. payment because it is the subject stem or an association representing	
tion "E" (exempt). For a explanation of these the	simulcasts, also ree categories	o enter "E". If , see page (v)	you carried the of the general i	channel on any ot instructions locate	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.	
	Canadian static	ns, if any, giv	e the name of th	ne community with	to which the station is licensed by the which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Midstate Communications Inc.	

LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#		
Midstate Com	nunications	Inc.			34851	Name	
PRIMARY TRANSMITTERS: TELEVISION							
					and low power television stations) d only on a part-time basis under	G	
76.59(d)(2) and (4), 76	δ.61(e)(2) and (4), or 76.63 (i	eferring to 76.6	0	ain network programs [sections ind (2) certain stations carried on a	Primary Transmitters:	
substitute program bas Substitute Basis S				carried by your c	able system on a substitute program	Television	
basis under specifc FC							
 Do not list the station station was carried 	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the		
• List the station here,	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located		
		sign. Do not i	eport originatior	n program services	s such as HBO, ESPN, etc. Identify		
			•	•	ion. For example, report multi-		
WETA-simulcast).	-2". Simulcast	streams must	be reported in c	column 1 (list each	stream separately; for example		
	e channel numl	ber the FCC h	as assigned to t	the television stati	on for broadcasting over-the-air in		
	•		annel 4 in Wash	ington, D.C. This i	may be different from the channel		
on which your cable sy Column 3: Indicate	•		ation is a netwo	rk station, an inde	pendent station, or a noncommercial		
educational station, by	entering the le	etter "N" (for n	etwork), "N-M" (†	for network multica	ast), "I" (for independent), "I-M"		
· ·	<i>/</i> ·· (<i>,</i> ·	``	mmercial educational multicast).		
For the meaning of the Column 4: If the st					ie paper SA3 form. s". If not, enter "No". For an ex-		
planation of local servi	ice area, see pa	age (v) of the	general instructi	ions located in the	paper SA3 form.		
-			•	•	stating the basis on which your		
carried the distant stat		•	0.	•	ering "LAC" if your cable system		
For the retransmiss	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	payment because it is the subject		
-					stem or an association representing		
			•	v .	y transmitter, enter the designa- her basis, enter "O." For a further		
explanation of these th	nree categories	, see page (v	of the general i	nstructions locate	d in the paper SA3 form.		
					to which the station is licensed by the which the station is identifed.		
Note: If you are utilizin				•			
		CHANN	EL LINE-UP	AH			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#				
Midstate Comm	nunications	Inc.			34851	Name			
PRIMARY TRANSMITT	ERS: TELEVISIO	ON							
carried by your cable s	system during t	he accounting	period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G			
substitute program bas	sis, as explaine	d in the next	paragraph.		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television			
Do not list the station	 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 spa formation conc	ace I, if the sta			ute basis and also on some other f the general instructions located				
each multicast stream	associated wit	h a station ac	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example				
			•		on for broadcasting over-the-air in may be different from the channel				
educational station, by	e in each case v entering the le	whether the st etter "N" (for n	etwork), "N-M" (for network multic	pendent station, or a noncommercial ast), "I" (for independent), "I-M"				
For the meaning of the	ese terms, see	page (v) of the	e general instruc	ctions located in th	mmercial educational multicast). le paper SA3 form. 's". If not, enter "No". For an ex-				
-	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	paper SA3 form. stating the basis on which your ering "LAC" if your cable system				
	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	capacity. payment because it is the subject stem or an association representing				
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any ot	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.				
	Canadian statio	ons, if any, giv	e the name of th	ne community with	to which the station is licensed by the which the station is identifed. channel line-up.				
		CHANN	EL LINE-UP	AI					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Midstate Communications Inc.	

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
Midstate Comr	nunications	Inc.			34851	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
	· · ·	,	(U		and low power television stations) d only on a part-time basis under	G
76.59(d)(2) and (4), 76	6.61(e)(2) and (4), or 76.63 (r	eferring to 76.6		ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
substitute program ba Substitute Basis S				s carried by your c	able system on a substitute program	Television
basis under specifc F0	, 0	,				
 Do not list the station station was carried 	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the	
 List the station here, basis. For further in 	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located	
in the paper SA3 for Column 1: List each		sign. Do not r	eport originatior	n program service:	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	n stream separately; for example	
	e channel numl	per the FCC h	as assigned to t	the television stati	on for broadcasting over-the-air in	
	•		annel 4 in Wash	ington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	ork station an inde	pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
•	<i>.</i>		<i>,</i> .	,	ommercial educational multicast).	
For the meaning of the Column 4: If the st					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local serv			,	,		
-			•	•	stating the basis on which your	
cable system carried t		•	0.		tering "LAC" if your cable system	
	•				payment because it is the subject	
-				•	stem or an association representing	
			•	• •	ry transmitter, enter the designa- her basis, enter "O." For a further	
explanation of these the	nree categories	, see page (v)	of the general i	instructions locate	d in the paper SA3 form.	
					to which the station is licensed by the	
Note: If you are utilizin				•	n which the station is identifed. channel line-up.	
			EL LINE-UP	•		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
						1
						•
						1
						•

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#			
Midstate Comm	nunications	Inc.			34851	Name		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
carried by your cable s FCC rules and regulat	system during t ions in effect of	he accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie ne carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary		
substitute program bas	sis, as explaine	d in the next	paragraph.		able system on a substitute program	Transmitters: Television		
	here in space	G-but do lis		e Special Stateme	ent 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 multi- 								
WETA-simulcast).			·	,	n stream separately; for example on for broadcasting over-the-air in			
on which your cable sy	/stem carried th	ne station.		0	may be different from the channel			
(for independent multion For the meaning of the	cast), "E ["] (for n ese terms, see	oncommercia page (v) of the	l educational), o e general instruc	r "E-M" (for nonco ctions located in th	ast), "I" (for independent), "I-M" ommercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex-			
planation of local servi Column 5: If you h	ce area, see pa ave entered "Y	age (v) of the es" in column	general instructi 4, you must cor	ions located in the nplete column 5, s	paper SA3 form. stating the basis on which your			
carried the distant stat	ion on a part-tii	ne basis beca	ause of lack of a	ctivated channel o	ering "LAC" if your cable system capacity. r payment because it is the subject			
of a written agreement	entered into o	n or before Ju	ine 30, 2009, be	etween a cable sys	stem or an association representing ry transmitter, enter the designa-			
explanation of these th	ree categories	, see page (v)) of the general i	instructions locate	her basis, enter "O." For a further d in the paper SA3 form.			
	Canadian static	ns, if any, giv	e the name of th	ne community with	to which the station is licensed by the which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AK				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Midstate Communications Inc.	

LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID#		
Midstate Comm	nunications	Inc.			34851	Name	
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						G	
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis on explained in the part pergraph.						Primary Transmitters:	
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						Television	
basis under specific FCC rules, regulations, or authorizations:							
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 							
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify							
each multicast stream associated with a station according to its over-the-air designation. For example, report multi-							
cast 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 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 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 designa-							
tion "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 AL							
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NONDER	STATION		(II Distant)			

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Midstate Communications Inc.	

Midstate Com	NER OF CABLE SY	STEM:			SYSTEM ID#					
	munications	Inc.			34851	Name				
PRIMARY TRANSMITT	ERS: TELEVISIO	DN								
carried by your cable	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), 7	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.									
				s carried by your c	able system on a substitute program	Transmitters: Television				
basis under specifc F				a Special Statem	ant and Dragrom Log) if the					
station was carried			t it in space i (in	le opecial stateme	ent and Program Log)—if the					
basis. For further i	nformation conc	,			tute basis and also on some other f the general instructions located					
in the paper SA3 f Column 1: List ea		sign. Do not r	report originatior	n program service	s such as HBO, ESPN, etc. Identify					
			•	•	tion. For example, report multi-					
WETA-simulcast).	A-2". Simulcast	streams must	be reported in o	column 1 (list each	h stream separately; for example					
Column 2: Give th			•		ion for broadcasting over-the-air in may be different from the channel					
	e in each case v	vhether the st			ependent station, or a noncommercial					
		· ·	<i>/</i> ·· (ast), "I" (for independent), "I-M" ommercial educational multicast).					
For the meaning of th	iese terms, see	page (v) of the	e general instru	ctions located in th	he paper SA3 form.					
Column 4: If the s			•	,	es". If not, enter "No". For an ex-					
					stating the basis on which your					
		0	0.	•	tering "LAC" if your cable system					
carried the distant sta	•				capacity. / payment because it is the subject					
					stem or an association representing					
-			•	U .	ry transmitter, enter the designa-					
· · /					ther 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							
	o ""		0.3. stations,	list the community						
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.										
Note: If you are utilize		ns, if any, giv nnel line-ups,	e the name of th use a separate	ne community with space G for each	to which the station is licensed by the which the station is identifed.					
	ing multiple char	ns, if any, giv nnel line-ups, CHANN	e the name of th use a separate EL LINE-UP	ne community with space G for each AM	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE	e the name of th use a separate EL LINE-UP 4. DISTANT?	ne community with space G for each AM 5. BASIS OF	to which the station is licensed by the which the station is identifed.					
	ing multiple char	ns, if any, giv nnel line-ups, CHANN	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					
1. CALL	2. B'CAST	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ne community with space G for each AM 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.					

SYSTEM ID#

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Midstate Communications Inc.	

LEGAL NAME OF OW	NER OF CABLE SY	/STEM:			SYSTEM ID#	Nome			
Midstate Comr	nunications	Inc.			34851	Name			
PRIMARY TRANSMITT	ERS: TELEVISIO	DN							
carried by your cable FCC rules and regulat	system during the system during the system during the system of the syst	he accounting n June 24, 198	period, except 81, permitting th	(1) stations carrie e carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary			
substitute program ba	sis, as explaine	d in the next	baragraph.			Transmitters:			
Substitute Basis Substi				carried by your c	able system on a substitute program	Television			
				e Special Stateme	ent and Program Log)—if the				
 List the station here, basis. For further in in the paper SA3 for 	 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 								
					tion. For example, report multi-				
cast stream as "WETA WETA-simulcast).	A-2". Simulcast	streams must	be reported in c	column 1 (list each	n stream separately; for example				
Column 2: Give the its community of licent	se. For example	e, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel				
educational station, by	e in each case v / entering the le	whether the st etter "N" (for ne	etwork), "N-M" (†	for network multic	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).				
	ation is outside	the local serv	vice area, (i.e. "d	listant"), enter "Ye	s". If not, enter "No". For an ex-				
-	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	paper SA3 form. stating the basis on which your ering "LAC" if your cable system				
carried the distant sta	tion on a part-tir	ne basis beca	ause of lack of a	ctivated channel of	capacity.				
					payment because it is the subject stem or an association representing				
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	y transmitter, enter the designa-				
· · /					her basis, enter "O." For a further d in the paper SA3 form.				
Column 6: Give th	e location of ea	ch station. Fo	r U.S. stations, I	list the community	to which the station is licensed by the				
FCC. For Mexican or Note: If you are utilizing					which the station is identifed. channel line-up.				
		•	EL LINE-UP						
	0 BIOACT		_						
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
	NUMBER	STATION		(If Distant)					

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#				
Midstate Comm	nunications	Inc.			34851	Name			
PRIMARY TRANSMITT	ERS: TELEVISIO	ON							
carried by your cable s	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 substitute program bas	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
 basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 									
• List the station here,	and also in spa formation conc	ace I, if the sta			ute basis and also on some other f the general instructions located				
each multicast stream	associated wit	h a station ac	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example				
			Ũ		on for broadcasting over-the-air in may be different from the channel				
educational station, by	e in each case v entering the le	whether the st etter "N" (for n	etwork), "N-M" (for network multic	pendent station, or a noncommercial ast), "I" (for independent), "I-M"				
For the meaning of the	ese terms, see	page (v) of the	e general instruc	ctions located in th	mmercial educational multicast). le paper SA3 form. 's". If not, enter "No". For an ex-				
-	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	paper SA3 form. stating the basis on which your ering "LAC" if your cable system				
	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	capacity. payment because it is the subject stem or an association representing				
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any ot	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.				
	Canadian static	ons, if any, giv	e the name of th	ne community with	to which the station is licensed by the which the station is identifed. channel line-up.				
		CHANN	EL LINE-UP	AO					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.

Midstate Communications Inc.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Nama			
Midstate Comn	nunications	Inc.			34851	Name			
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN							
carried by your cable s	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									
 Do not list the station 	 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. 								
basis. For further in in the paper SA3 fo	formation conc rm.	erning substit	ute basis station	ns, see page (v) o	ute basis and also on some other f the general instructions located				
each multicast stream cast stream as "WETA	associated wit	n a station ac	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example				
its community of licens	e. For example	e, WRC is Cha	0		on for broadcasting over-the-air in may be different from the channel				
educational station, by	in each case v entering the le	vhether the st tter "N" (for n	etwork), "N-M" (for network multic	pendent station, or a noncommercial ast), "I" (for independent), "I-M"				
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local serv	e general instruc vice area, (i.e. "c	ctions located in th listant"), enter "Ye	s". If not, enter "No". For an ex-				
cable system carried th	ave entered "Y ne distant statio	es" in column	4, you must cor accounting perio	nplete column 5, s od. Indicate by ent	stating the basis on which your ering "LAC" if your cable system				
of a written agreement	ion of a distant entered into o	multicast stre n or before Ju	eam that is not s ine 30, 2009, be	ubject to a royalty tween a cable sys	payment because it is the subject stem or an association representing				
tion "E" (exempt). For explanation of these th	simulcasts, also ree categories	o enter "E". If , see page (v)	you carried the of the general i	channel on any ot nstructions locate	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the statics is licensed by the				
	Canadian statio	ns, if any, giv	e the name of th	e community with	to which the station is licensed by the which the station is identifed. channel line-up.				
		CHANN	EL LINE-UP	AP					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
Midstate Comn	nunications	Inc.			34851	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
					and low power television stations) d only on a part-time basis under	G		
76.59(d)(2) and (4), 76	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 part paragraph.							
	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc FC	CC rules, regula	ations, or auth	orizations:			Television		
 Do not list the station station was carried 			t it in space I (th	e Special Stateme	ent and Program Log)—if the			
List the station here,	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located			
		sign. Do not i	eport originatior	n program services	s such as HBO, ESPN, etc. Identify			
			•	•	tion. For example, report multi-			
WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	n stream separately; for example			
	e channel num	per the FCC h	has assigned to t	the television stati	on for broadcasting over-the-air in			
	•		annel 4 in Wash	ington, D.C. This	may be different from the channel			
on which your cable sy Column 3: Indicate			tation is a netwo	rk station, an inde	pendent station, or a noncommercial			
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	ast), "I" (for independent), "I-M"			
(for independent multic For the meaning of the			<i>,</i> .	· ·	mmercial educational multicast).			
					e paper SA3 form. s". If not, enter "No". For an ex-			
planation of local servi	ce area, see pa	age (v) of the	general instructi	ions located in the	paper SA3 form.			
-			•	•	stating the basis on which your			
carried the distant stat		•	• •		ering "LAC" if your cable system capacity.			
For the retransmiss	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	payment because it is the subject			
-				•	stem or an association representing y transmitter, enter the designa-			
			•	U 1	her basis, enter "O." For a further			
explanation of these th	nree categories	, see page (v) of the general i	nstructions locate	d in the paper SA3 form.			
					to which the station is licensed by the which the station is identifed.			
Note: If you are utilizin				•				
		CHANN	EL LINE-UP	AQ				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
					Į			

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#				
Midstate Comn	nunications	Inc.			34851	Name			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
					and low power television stations) d only on a part-time basis under	G			
76.59(d)(2) and (4), 76	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 part paragraph.								
	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc FC									
			t it in space I (th	e Special Stateme	ent and Program Log)—if the				
List the station here,	 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 								
		sign. Do not i	eport originatior	n program services	s such as HBO, ESPN, etc. Identify				
			•	•	tion. For example, report multi-				
WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	n stream separately; for example				
	e channel numl	per the FCC h	as assigned to t	the television stati	on for broadcasting over-the-air in				
	•		annel 4 in Wash	ington, D.C. This	may be different from the channel				
on which your cable sy Column 3: Indicate			ation is a netwo	rk station. an inde	pendent station, or a noncommercial				
					ast), "I" (for independent), "I-M"				
· ·			<i>,</i> .	· ·	mmercial educational multicast).				
For the meaning of the Column 4: If the sta					ne paper SA3 form. •s". If not, enter "No". For an ex-				
planation of local servi			•	,					
-			•	•	stating the basis on which your				
cable system carried the		•	• •		ering "LAC" if your cable system				
	•				payment because it is the subject				
-				•	stem or an association representing				
			•	U 1	y transmitter, enter the designa- her basis, enter "O." For a further				
explanation of these th	ree categories	, see page (v) of the general i	nstructions locate	d in the paper SA3 form.				
					to which the station is licensed by the				
Note: If you are utilizin				•	which the station is identifed. channel line-up				
	.9	• •	EL LINE-UP						
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION	, , , , , , , , , , , , , , , , , , ,	(If Distant)					
						1			
						1			
		1			1	I			

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	
Midstate Comn	nunications	Inc.			34851	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable s	system during t	he accounting	period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	δ.61(e)(2) and (sis, as explaine	4), or 76.63 (r d in the next	eferring to 76.6 paragraph.	1(e)(2) and (4))]; a	and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
• List the station here,	and also in spa formation conc	ace I, if the sta			ute basis and also on some other f the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	
			Ũ		on for broadcasting over-the-air in may be different from the channel	
educational station, by	e in each case v entering the le	whether the st etter "N" (for n	etwork), "N-M" (for network multic	pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
For the meaning of the	ese terms, see	page (v) of the	e general instruc	ctions located in th	mmercial educational multicast). le paper SA3 form. 's". If not, enter "No". For an ex-	
-	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	paper SA3 form. stating the basis on which your ering "LAC" if your cable system	
	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	capacity. payment because it is the subject stem or an association representing	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any ot	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.	
	Canadian static	ons, if any, giv	e the name of th	ne community with	to which the station is licensed by the which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
Midstate Comn	nunications	Inc.			34851	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
					and low power television stations) d only on a part-time basis under	G
76.59(d)(2) and (4), 76	δ.61(e)(2) and (4), or 76.63 (I	eferring to 76.6	0	ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
substitute program bas Substitute Basis S				carried by your c	able system on a substitute program	Television
basis under specifc FC						
 Do not list the station station was carried 			t it in space I (th	e Special Stateme	ent and Program Log)—if the	
List the station here,	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located	
		sign. Do not i	eport originatior	n program services	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi-	
WETA-simulcast).	-2". Simulcast	streams must	be reported in c	column 1 (list each	n stream separately; for example	
	e channel num	per the FCC h	as assigned to t	the television stati	on for broadcasting over-the-air in	
	•		annel 4 in Wash	ington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	rk station. an inde	pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
· ·			<i>,</i> ·	· ·	mmercial educational multicast).	
For the meaning of the Column 4: If the st					ie paper SA3 form. s". If not, enter "No". For an ex-	
planation of local servi			•	,		
-			•	•	stating the basis on which your	
cable system carried the		•	0.		ering "LAC" if your cable system	
	•				payment because it is the subject	
-				•	stem or an association representing	
			•	U 1	y transmitter, enter the designa- her basis, enter "O." For a further	
explanation of these th	ree categories	, see page (v	of the general i	nstructions locate	d in the paper SA3 form.	
					to which the station is licensed by the	
Note: If you are utilizin				•	which the station is identifed. channel line-up	
	.9	• •	EL LINE-UP			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION	· · · ·	(If Distant)		
						1
						1
		1			1	I

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	
Midstate Com	nunications	Inc.			34851	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
					and low power television stations) d only on a part-time basis under	G
76.59(d)(2) and (4), 76	δ.61(e)(2) and (4), or 76.63 (I	eferring to 76.6	0	iin network programs [sections nd (2) certain stations carried on a	Primary Transmitters:
substitute program bas Substitute Basis S				carried by your c	able system on a substitute program	Television
basis under specifc FC						
 Do not list the station station was carried 	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the	
List the station here,	and also in spa formation cond	ace I, if the sta			ute basis and also on some other the general instructions located	
		sign. Do not i	eport originatior	n program services	s such as HBO, ESPN, etc. Identify	
			•	•	ion. For example, report multi-	
WETA-simulcast).	-2". Simulcast	streams must	be reported in c	column 1 (list each	stream separately; for example	
	e channel numl	ber the FCC h	as assigned to t	the television station	on for broadcasting over-the-air in	
	•		annel 4 in Wash	ington, D.C. This i	may be different from the channel	
on which your cable sy Column 3: Indicate	•		ation is a netwo	rk station, an inde	pendent station, or a noncommercial	
educational station, by	entering the le	etter "N" (for n	etwork), "N-M" (†	for network multica	ast), "I" (for independent), "I-M"	
· ·	<i>//</i>		<i>,</i> ,	(mmercial educational multicast).	
For the meaning of the Column 4: If the st					e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local servi	ice area, see pa	age (v) of the	general instructi	ions located in the	paper SA3 form.	
-			•	•	stating the basis on which your	
carried the distant stat		•	0.	•	ering "LAC" if your cable system	
For the retransmiss	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	payment because it is the subject	
-					tem or an association representing	
			•	v .	y transmitter, enter the designa- her basis, enter "O." For a further	
explanation of these th	nree categories	, see page (v	of the general i	nstructions locate	d in the paper SA3 form.	
					to which the station is licensed by the which the station is identified.	
Note: If you are utilizin				•		
		CHANN	EL LINE-UP	AU		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
		I				

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midstate Communications Inc.

LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	
Midstate Comm	nunications	Inc.			34851	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable s	system during t	, he accounting	period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	δ.61(e)(2) and (sis, as explaine	4), or 76.63 (r d in the next	eferring to 76.6 paragraph.	1(e)(2) and (4))]; a	able system on a substitute program	Primary Transmitters: Television
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
• List the station here,	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	
			Ũ		on for broadcasting over-the-air in may be different from the channel	
	e in each case \	whether the st			pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
For the meaning of the	ese terms, see	page (v) of the	e general instruc	ctions located in th	mmercial educational multicast). le paper SA3 form. 's". If not, enter "No". For an ex-	
	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	paper SA3 form. stating the basis on which your ering "LAC" if your cable system	
carried the distant stat For the retransmiss	ion on a part-tii sion of a distant	me basis beca multicast stre	ause of lack of a eam that is not s	ctivated channel o ubject to a royalty	o <i>i i</i>	
the cable system and tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	senting the prima channel on any ot	y transmitter, enter the designa- her basis, enter "O." For a further	
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizir	ng multiple chai	•	use a separate		channel line-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	1	I		L		1

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Midstate Communications Inc.	

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
Midstate Comm	nunications	Inc.			34851	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	DN				
	· · ·	,	(U		and low power television stations) d only on a part-time basis under	G
76.59(d)(2) and (4), 76	6.61(e)(2) and (4), or 76.63 (r	eferring to 76.6		ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
substitute program bas Substitute Basis S				carried by your c	able system on a substitute program	Television
basis under specifc FC						
Do not list the station station was carried	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the	
• List the station here,	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located	
		sign. Do not r	eport originatior	n program services	s such as HBO, ESPN, etc. Identify	
			•	0	tion. For example, report multi-	
WETA-simulcast).	-2 . Simulcasi	streams must	be reported in a	column 1 (list each	n stream separately; for example	
Column 2: Give the			Ũ		on for broadcasting over-the-air in	
its community of licens on which your cable sy	•		annel 4 in Wash	ington, D.C. This	may be different from the channel	
			ation is a netwo	rk station, an inde	pendent station, or a noncommercial	
	0	· ·	,, , , , , , , , , , , , , , , , , , , ,		ast), "I" (for independent), "I-M"	
For the meaning of the	<i>//</i>		<i>,</i> ,	``	mmercial educational multicast). ne paper SA3 form.	
Column 4: If the st	ation is outside	the local serv	/ice area, (i.e. "c	listant"), enter "Ye	s". If not, enter "No". For an ex-	
planation of local servi					paper SA3 form. stating the basis on which your	
			•	•	ering "LAC" if your cable system	
carried the distant stat	•				. ,	
					payment because it is the subject stem or an association representing	
-				•	y transmitter, enter the designa-	
· · /					her basis, enter "O." For a further	
					d in the paper SA3 form. to which the station is licensed by the	
				-	which the station is identifed.	
Note: If you are utilizir	ng multiple char	• •	•	•	channel line-up.	
			EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	(Yes or No)	(If Distant)		
				(

Name	LEGAL NAME OF O								SYSTEM ID# 34851
H Primary Transmitters: Radio	all-band basis w Special Instruct receivable if (1) on the basis of For detailed infe located in the p Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	t every radio s whose signals of ctions Concer it is carried by monitoring, to prmation about aper SA3 form dentify the call State whether to the radio stati this by placing Sive the station	tation ca were "ge rning All the sys be receit t the the sign of e he statio on's sigr a check 's locatio	rried on a separate and discre- nerally receivable" by your ca -Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	ble sys Copyrigh system's on this p ed by th e statio	tem during nt Office re stem's hea s FM ante point, see ne cable sy n is licens	g the accountin egulations, an adend, and (2) nna, during ce page (vi) of the ystem as a sep ed by the FCC	ng period FM sign it can b rtain sta e genera parate a	d. al is generally e expected, ted intervals. al instructions nd discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CAI	L SIGN	AM or FM	S/D	LOCATION OF STATION
	1	L		1			1		I

EGAL NAME OF OWNER OF		EIVI.					SYSTEM ID#	NI -
Midstate Communicati	ons Inc.						34851	Name
			NT AND PROGRAM LOG					
			sion program broadcast by a ecific present and former FC					-
			n this log, see page (v) of the					Substitute
. SPECIAL STATEMENT	-							Carriage: Special
During the accounting peri proadcast by a distant stat		r cable system	n carry, on a substitute basi	s, any nonnet	work televis			Statement a
,		rest of this nac	ge blank. If your answer is "	Ves " vou mu	st complete	Yes	XNo	Program Lo
og in block 2.	, leave the l			res, you mu	st complete	the progra		
LOG OF SUBSTITUTE			te line i lee ekkerdetieve e		ilele if the size			
n General: List each subst clear. If you need more spa			ite line. Use abbreviations v al pages.	vnerever poss	sible, if their	meaning is	6	
Column 1: Give the title	of every nor	nnetwork telev	ision program (substitute p					
			our cable system substituted s. See page (vi) of the gene					
SA3 form for futher informat	tion. Do not	t use general c	categories like "movies", or	"basketball".	List specific	program		
itles, for example, "I Love L Column 2: If the program			76ers vs. Bulls." r "Yes." Otherwise enter "N	0."				
Column 3: Give the call s	sign of the s	tation broadca	asting the substitute program	n.		500 ·		
			ne community to which the community with which the s			FCC or, in		
Column 5: Give the mon	th and day v		tem carried the substitute p			ith the mo	nth	
rst. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your c	able system	l ist the time	es accurate	lv	
the nearest five minutes.			ed by a system from 6:01:1					
	ar "R" if the l	listed program	was substituted for progra	mming that ve	ur evetom v	vae require	d	
Column 7: Enter the lette o delete under FCC rules a	nd regulatio	ons in effect du		enter the lett	er "P" if the	listed pro	d	
Column 7: Enter the letter o delete under FCC rules a gram was substituted for pro	nd regulatio	ons in effect du	uring the accounting period;	enter the lett	er "P" if the	listed pro	d	
Column 7: Enter the lette o delete under FCC rules a ram was substituted for pro	nd regulatio	ons in effect du	uring the accounting period;	enter the lett under FCC ru	er "P" if the iles and reg	listed pro ulations in	ed	
Column 7: Enter the letter o delete under FCC rules a rram was substituted for pro ffect on October 19, 1976.	nd regulatic ogramming	ons in effect du that your syste	uring the accounting period em was permitted to delete	enter the lett under FCC ru WHE	er "P" if the iles and reg N SUBSTIT	listed pro ulations in	7. REASON	
Column 7: Enter the letter o delete under FCC rules a gram was substituted for pro- ffect on October 19, 1976.	nd regulatic ogramming	ons in effect du	uring the accounting period em was permitted to delete	enter the lett under FCC ru WHE	er "P" if the iles and reg N SUBSTIT AGE OCCL	listed pro ulations in		
Column 7: Enter the letter o delete under FCC rules a rram was substituted for pro ffect on October 19, 1976.	nd regulatic ogramming UBSTITUT	ons in effect du that your syste E PROGRAM	uring the accounting period em was permitted to delete	enter the lett under FCC ru WHE CARRI	er "P" if the iles and reg N SUBSTIT AGE OCCL	listed pro ulations in TUTE JRRED IMES	7. REASON FOR	
Column 7: Enter the letter o delete under FCC rules a ram was substituted for pro ffect on October 19, 1976.	UBSTITUT	ens in effect du that your syste E PROGRAM 3. STATION'S	uring the accounting period em was permitted to delete	enter the lett under FCC ru WHE CARRI 5. MONTH	er "P" if the iles and reg N SUBSTIT AGE OCCL 6. T	listed pro ulations in TUTE JRRED IMES	7. REASON FOR	
Column 7: Enter the letter o delete under FCC rules a ram was substituted for pro ffect on October 19, 1976.	UBSTITUT	ens in effect du that your syste E PROGRAM 3. STATION'S	uring the accounting period em was permitted to delete	enter the lett under FCC ru WHE CARRI 5. MONTH	er "P" if the iles and reg N SUBSTIT AGE OCCL 6. T	listed pro ulations in TUTE JRRED IMES	7. REASON FOR	
Column 7: Enter the letter o delete under FCC rules a ram was substituted for pro ffect on October 19, 1976.	UBSTITUT	ens in effect du that your syste E PROGRAM 3. STATION'S	uring the accounting period em was permitted to delete	enter the lett under FCC ru WHE CARRI 5. MONTH	er "P" if the iles and reg N SUBSTIT AGE OCCL 6. T	listed pro ulations in TUTE JRRED IMES	7. REASON FOR	
Column 7: Enter the letter o delete under FCC rules a ram was substituted for pro ffect on October 19, 1976.	UBSTITUT	ens in effect du that your syste E PROGRAM 3. STATION'S	uring the accounting period em was permitted to delete	enter the lett under FCC ru WHE CARRI 5. MONTH	er "P" if the iles and reg N SUBSTIT AGE OCCL 6. T	listed pro ulations in TUTE JRRED IMES	7. REASON FOR	
Column 7: Enter the letter o delete under FCC rules a ram was substituted for pro ffect on October 19, 1976.	UBSTITUT	ens in effect du that your syste E PROGRAM 3. STATION'S	uring the accounting period em was permitted to delete	enter the lett under FCC ru WHE CARRI 5. MONTH	er "P" if the iles and reg N SUBSTIT AGE OCCL 6. T	listed pro ulations in TUTE JRRED IMES	7. REASON FOR	
Column 7: Enter the letter o delete under FCC rules a ram was substituted for pro ffect on October 19, 1976.	UBSTITUT	ens in effect du that your syste E PROGRAM 3. STATION'S	uring the accounting period em was permitted to delete	enter the lett under FCC ru WHE CARRI 5. MONTH	er "P" if the iles and reg N SUBSTIT AGE OCCL 6. T	listed pro ulations in TUTE JRRED IMES	7. REASON FOR	
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Column 7: Enter the letter o delete under FCC rules a gram was substituted for pro- ffect on October 19, 1976.	UBSTITUT	ens in effect du that your syste E PROGRAM 3. STATION'S	uring the accounting period em was permitted to delete	enter the lett under FCC ru WHE CARRI 5. MONTH	er "P" if the iles and reg N SUBSTIT AGE OCCL 6. T	listed pro ulations in TUTE JRRED IMES	7. REASON FOR	
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FORM SA3E. PAGE 5.

FORM SA3E. PAGE 6.

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Midstate Communications Inc. 34851									
	Midstate Co	mmunicatio	ns inc.						34651		
J Part-Time Carriage Log	 column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m." 										
	DATES AND HOURS OF PART-TIME CARRIAGE										
		WHEN	I CARRIAGE OCC	JRRED			WHEN	I CARRIAGE C	CCURRED		
	CALL SIGN	DATE	HOU FROM	RS TO		CALL SIGN	DATE	FROM	IOURS TO		
l		DATE		10			DATE	TROM	-		
			_						_		
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									_		
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			_						_		
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LEGA	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name							
Mic	Istate Communications Inc.			34851	Name							
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.												
IMP	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)											
Instru Con Con If you fee If you accord	 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 											
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ik 3 below.	e entei	red on line	1 of								
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered	d on line 2	in block								
-	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	uld be	entered or	line								
	block 4 below.											
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 fee system's gross receipts for the accounting period.)64 percen	t of the								
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	743,034.93								
	Enter the result here. This is your minimum fee.	\$		7,905.89								
				·								
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. 	nn 4, y od?	ou must c	heck								
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	5,929.42								
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00								
	Line 3. Add lines 1 and 2 and enter here	\$		5,929.42								
Block 4												
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter 2ero.											
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)											
	Line 4. FILING FEE											
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		8,630.89	appropriate form for submitting the additional fees.							

FORM SA3E. PAGE 7.

ACCOUNTING PERIOD: 202	20/1
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ACCOUNTING PERI	00. 2020/1			FORM SA3E. PAG	
Name	LEGAL NAME OF OWNER OF O			SYSTEM	
Nullio	Midstate Communic	ation	s Inc.	348	851
	CHANNELS				
М	Instructions: You mus	st give	(1) the number of channels on which the cable system carried tele	vision broadcast stations	
		-	cable system's total number of activated channels, during the acco		
Channels		2) 110			
	1. Enter the total numb	er of c	hannels on which the cable	13	
	system carried televis	sion br	padcast stations		
	2. Enter the total number	er of a	ctivated channels		
	-		carried television broadcast stations	186	
	and nonbroadcast ser	rvices			
Ν			CTED IF FURTHER INFORMATION IS NEEDED: (Identify an indi	vidual	
Individual to	we can contact about th	his sta	tement of account.)		
Be Contacted					
for Further	Name Tammy V	Nalsi		Telephone 605-778-6221	
Information					
		40			
	Address PO Box 4	40 et. rural i	bute, apartment, or suite number)		
	Kimball, (City, town, stat		7 3 3 3		
	Email ta	amm	y@midstaff.net Fax (option	al) 605-778-8080	
	CERTIFICATION (This s	statem	ent of account must be certifed and signed in accordance with Cor	vright Office regulations	
0		Statem	she of account must be certified and signed in accordance with oop	yngni Onioe regulations.	
Certifcation	• I the undersigned here		tify that (Chack and but only one of the bayes)		
Certification	• I, the undersigned, here	eby ce	tify that (Check one, <i>but only one</i> , of the boxes.)		
	Owner other than c	orpor	tion or partnership) I am the owner of the cable system as identifed	in line 1 of space B; or	
		•		1 7	
	(Agent of owner oth	er tha	n corporation or partnership) I am the duly authorized agent of the o	wher of the cable system as identified	
			that the owner is not a corporation or partnership; or		
	X (Officer or partner)	lomo	n officer (if a corporation) or a partner (if a partnership) of the legal en	ity identified as owner of the cable system	
	in line 1 of space			ity identified as owner of the cable system	
			t of account and hereby declare under penalty of law that all statemer to the best of my knowledge, information, and belief, and are made in		
	[18 U.S.C., Section 1001			good later.	
		Х	/S/ Mark Benton		
	_				
			electronic signature on the line above using an "/s/" signature to certify t		
	,		John Smith). Before entering the first forward slash of the /s/ signature, on, then type /s/ and your name. Pressing the "F" button will avoid enal		
	Т	yped	or printed name: Mark Benton		
	т	itle:	General Manager		
		ue.	(Title of official position held in corporation or partnership)		
	П	Date:	August 21, 2020		
Drivoov A of Mat.	· Contion 111 of the 17 for	ho 11-1	ad States Code authorizes the Conversity Office to a literative and the	Instituting information (PIII) require to the	
			ed States Code authorizes the Copyright Offce to collect the personally i		

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 Office'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 th 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

	FORM	SA3E.	PAGE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851	Name
SPECIAL STATEMENT CONCERNING GROSS RECEID The Satellite Home Viewer Act of 1988 amended Title 17, section 11 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broad scribers and amounts collected from subscribers receiving se	1(d)(1)(A), of the Copyright Act by adding the fol- amounts paid to the cable system for the basic dcast transmitters, the system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the no paper SA3 form. During the accounting period did the cable system exclude any amound by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
	ame lailing Address	
You must complete this worksheet for those royalty payments submi For an explanation of interest assessment, see page (viii) of the gen		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
Line 3 Multiply line 2 by the number of days late and enter the sum	here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4 space L, (page 7)	\$	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licen contact the Licensing Division at (202) 707-8150 or licensing@		
** This is the decimal equivalent of 1/365, which is the interest as	ssessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of accou please list below the owner, address, first community served, accour 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 Copy	ight Offce to collect the personally identifying information (PII) requested or	n th

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee anc 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 nor 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 sys-

tems 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, noncommercial 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-tim∉ 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.

DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially distantthat 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 DSF 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.

TOTAL DSEs

Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

CITY

Santa Rosa

Bodega Bay

Rapid City

Fairvale

DSE

1.0

1.0

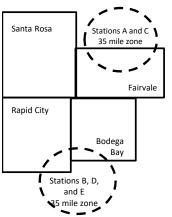
0.083

0.139

0.25

2.472

Distant Stations Carried STATION In most cases under current FCC rules, all of Fairvale would be within A (independent) B (independent) the local service area of both stations C (part-time) A and C and all of Rapid City and Bo-D (part-time) dega Bay would be within the local service areas of stations B, D, and E. E (network)



Minimum Fee Total Gross F	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	

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B. D. and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D ,E

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:										
1	Midstate Communicatio	ns Inc.				34851					
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	0.75									
2 Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KUSD-TV	0.250									
	KUSD-DT2	0.250									
	KUSD-DT3	0.250									
Add rows as											
necessary.											
, Remember to copy											
all formula into new											
rows.											
				L	LI						

3 Instructions: CAPACITY Computation of DBEs of DBEs of Section 2: For each station give the rundher of hours your cable system carried the station during the socuriting period. This is the office ach station give the total number of hours your cable system carried the station during the socuriting period. This is the station during the socuriting end the carried out at least to the third derinal point. This is the station is during the socuriting end the during the socuriting end the station during the socuriting end the station. Socie the type-value as ".2.5." Column 6: Note ach independent station, give the result in column 6. Round to no less than the third derinal point. This is the station is DEE. (For more information on rounding, see page (iii) of the general instructions in the paper SA form. Column 6: Note ach independent bits. DEE. (For more information on rounding, see page (iii) of the general instructions in the paper SA form. Column 6: Note Station and Note Station and Note Station Station and Note Station and	
1. CALL 2. NUMBER 3. NUMBER Computing 5. TYPE CARRIAGE VALUE 6. DSE 1. SIGN 2. NUMBER 0. HOURS 3. NUMBER CARRIAGE 5. TYPE CARRIAGE VALUE 6. DSE 1. SIGN 2. NUMBER 0. ARR 1. Start	
1. CALL 2. NUMBER OF HOURS 3. NUMBER OF HOURS 4. BASIS OF CARRIAGE 5. TYPE VALUE 6. DSE 1. SIGN 2. NUMBER OF HOURS 3. NUMBER OF HOURS 4. BASIS OF CARRIAGE 5. TYPE VALUE 6. DSE 1. SiGN 2. NUMBER OF HOURS 4. BASIS OF CARRIAGE 5. TYPE VALUE 6. DSE 1. SiGN 2. NUMBER SYSTEM 0. NAR 1. At an	
4 = × = 4 = × = 4 = × = 4 = × = 4 = × = 4 = × = 4 = × = 5 = × = 6 = × = 4 = × = 5 = × = 6 = × = 6 = × = 6 = × = 6 = × = 7 Totadoast one or more invertions in diffect on otober of this schedule, 0.00 7 Statistion 10000 1: Calum 2: For each station give the number of live, nonnetwork programs tarty or optics to observe the outobart of the indemotor in space 1: and 7 Statistion Statistion is base of a can station is pace 1: and Columa 3: can give the result in column 2. For each station give the number of live, nonnetwork programs carried in substutution for programs that were deleted at yor opticn. This fis the station's DSE (For more	
Image: Station of DSEs OF CATEGORY LAC STATIONS: Add the DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Image: Station of DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Image: Station of DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Image: DSE OF CATEGORY LAC STATIONS: Add the DSEs of each station. Image: Station of DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Image: DSE OF CATEGORY LAC STATIONS: Add the DSEs of each station. Image: DSE OF CATEGORY LAC STATIONS: Add the DSEs of each station. Image: DSE OF CATEGORY LAC STATIONS: Add the DSEs of each station. Image: DSE OF CATEGORY LAC STATIONS: Add the DSEs for DSEs: Green the substitution for a program that your system. Image: DSE OF CATEGORY LAC STATIONS: Output to the station of the substitution for a program that your system. Image: DSE OF CATEGORY LAC STATIONS: Substitute statistication of more live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space 1. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station SDE (For more information on rounding, see page (wiii) of the general instructions in the paper SA3 form) SUBN OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,	
A i	
Image: State of the sum here and in line 2 of part 5 of this schedule,	
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,	
4 = x = SUM OF DSES OF CATEGORY LAC STATIONS: Add the DSES of each station. Enter the sum here and in line 2 of part 5 of this schedule,	
Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,	
1. CALL SIGN 2. NUMBER OF PROGRAMS 3. NUMBER OF DAYS IN YEAR 4. DSE 1. CALL SIGN 2. NUMBER OF PROGRAMS 3. NUMBER OF DAYS IN YEAR * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * = * * = * = * = * = * * = * * = * = * = * * = * * = * * = * * = * * = * * = * * = * * * = * * <	
1. CALL SIGN 2. NUMBER OF PROGRAMS 3. NUMBER OF DAYS IN YEAR 4. DSE 1. CALL SIGN 2. NUMBER OF PROGRAMS 3. NUMBER OF DAYS IN YEAR * = * * = * = * = * = * = * = * = * * = * =	1).
i i	ı).
+ = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,	n). 4. DS
+ = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule,	4. DS
+ = + = + = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, 0.00 5 TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the tota number of DSEs applicable to your system. 1. Number of DSEs from part 2.	4. DS
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,	4. DS
Enter the sum here and in line 3 of part 5 of this schedule,	4. DS
Oral Number of DSEs applicable to your system. Total Number of DSEs from part 2●	4. DS
	4. DS
of DSEs 2. Number of DSEs from part 3 • • 0.00	4. DS
	4. DS
3. Number of DSEs from part 4● ▶ 0.00	4. DS

LEGAL NAME OF C							S	YSTEM ID#	Name
Midstate Com	munications li	nc.						34851	Name
Instructions: Bloc	ck A must be com	pleted.							
In block A: • If your answer if	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
schedule. If your answer if 	"No," complete blo	ocks B and C	below.						
									Computation of
Is the cable syster effect on June 24,		outside of all r	major and sma	ller markets as de	fined under s	ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
		schedule—E	O NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	lete blocks B and	C below.							
		BLOC		IAGE OF PERM					
Column 1:	List the call signs			part 2, 3, and 4 of			tem was permitte	d to carry	
CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jui dule. (Note: Th	ne 25, 1981. For fu ne letter M below r	urther explana	ation of permit	ed stations, see t	he	
	(Note the FCC ru A Stations carri	les and regu	lations cited be	sis on which you c elow pertain to tho rket quota rules [7	se in effect o	n June 24, 198		ı tc	
CARRIAGE	C Noncommeric	al educationa d station (76.6	al station [76.5 65) (see parag	6.59(d)(1), 76.61(9(c), 76.61(d), 76.0 raph regarding sul	63(a) referring	g to 76.61(d)			
	E Carried pursua *F A station pre	ant to individu viously carrie JHF station w	ual waiver of F ed on a part-tin ithin grade-B o	ne or substitute ba contour, [76.59(d)(erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I) parts 2, 3, and 4 etter "F" in column			vorksheet on pag	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	
KUSD-TV KUSD-DT2	C M	0.25 0.25							
KUSD-DT2	M	0.25							
								0.75	
								0.10	
		В		MPUTATION OF	- 3.75 FEE				
Line 1: Enter the								0.75	
Line 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove				0.75	
Line 3: Subtract (If zero, le				r of DSEs subjec 7 of this schedu		rate.		0.00	
Line 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				. <u></u>		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, space	e L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Midstate Communications Inc. 34851									
BLOCK A: TELEVISION MARKETS (CONTINUED)									
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o 3.75 Fee
									3.75 Fee

								[ILE. PAGE 14.	
Name	LEGAL NAME OF OWN	NER OF CABLE SYST	EM:						SYS	STEM ID#	
Name	Midstate Comm	nunications Inc.								34851	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	ingColumn 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE scheduleColumn 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981forColumn 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)dColumn 4: Indicate the basis of carriage on which the station was carried by listing one of the following lettersand(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										
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS										
	1. CALL	2. PRIOR	-	COUNTING	00	4. BASIS OF		RESENT	6 PER	MITTED	
	SIGN	2. PRIOR DSE		ERIOD		4. BASIS OF CARRIAGE		DSE		SE	
		BOL		LINOD		of a diffice	•	DOL	5	0L	
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity					<u></u>						
Surcharge	 Is any portion of the or 	cable system within a	top 100 majo	or television marl	ket a	s defned by section 7	6.5 of FCC	rules in effect J	une 24, 198	31?	
	X Yes—Complete	blocks B and C .			I	No—Proceed to	part 8				
					ا 		parto				
	BLOCK B: Ca	arriage of VHF/Grad	le B Contour	Stations		BLOCK	C: Compu	utation of Exem	pt DSEs		
	Is any station listed in commercial VHF stati or in part, over the ca Yes—List each s X No—Enter zero a	Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.				refe					
					,		I		I		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE	
		H						-			
		H									
			OTAL DSEs	0.00	'		ļļ	TOTAL DS	Es	0.00	
				5.00					1		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	743,034.93	7
Section	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)	_	
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)	_	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	_	
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

	LEGAL NAM	DSE SCHEDU ME OF OWNER OF CABLE SYSTEM: S	ILE. PAGE 16.									
Name		Midstate Communications Inc.	34851									
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	40											
Computation of the Syndicated		A. Enter 0.00300 of gross receipts (the amount in section 1). ▶ 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										
8 Computation of Base Rate Fee	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B b											
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS										
	• Did y	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?										
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.										
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE										
	Section 1	Enter the amount of gross receipts from space K (page 7)	5									
	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.)	<u>5</u>									
	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)	<u>?</u>									
		B. Enter 0.00701 of gross receipts (the amount in section 1)▶ \$ 5,208.67										
		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)	5,929.42									
		Base Rate Fee										

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Midst	ate Communications Inc.	34851	Name
	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1)►	_	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here►	_	Dase Nate i ee
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
l	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		
l	G. Add lines A, C, and F. This is your base rate fee.		
1	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas		
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel G.	line-ups in	9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, s from subscribers located within the station's local service area, from your system's total gross receipts. To take ad- on, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine th and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	he number of	and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant station to that community.	on you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that stati the token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note tha will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compւ groups	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m's subscriber	
In each	section:		
 Give the subscript 	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all o bers in the group.	of the	
, .	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or,	parts 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 blo 6 of this schedule.	ock 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 in paper SA3 form.	structions	
page. DSEs f	In the a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	t is, the total	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM
Name	Midstate Communications Inc.	34
	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 OWNE Midstate Commur						S	YSTEM ID# 34851	Na
В				TE FEES FOR EA				
		SUBSCRIBER GRC	UP	SECOND SUBSCRIBER GROUP				g
COMMUNITY/ AREA	MMUNITY/ AREA AII							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Compi c
ONLE CIGIT	DOL	ONLE CICIL	DOL	CALL CIGIT	DOL		502	Base R
		-						an
								Syndi
								Exclu
								Surch
								fo
		-						Parti Dist
								Stati
		-						•••••
		-						
		-						
							_	
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts First G	iroup	\$ 74	3,034.93	Gross Receipts Se	cond Group	\$	0.00	
		[
a se Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		=						
		_						
		-						
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
•	·							
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
ase Rate Fee: Add th			criber group	as shown in the boxe	es above.			
Enter here and in block	< 3, line 1,	space L (page 7)				\$	0.00	

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LEGAL NAME OF OWN Midstate Commu						S	STEM ID# 34851	Name
E		COMPUTATION OF SUBSCRIBER GRO				IBER GROUP SUBSCRIBER GROU	IP	9
COMMUNITY/ AREA	OMMUNITY/ AREA 0							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
		-						Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
		-						for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs		ļļ	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
		[
Base Rate Fee First (\$	0.00	Base Rate Fee Secon		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	IP 0	
			U				U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		-						
						-		
		-						
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
					·			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

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LEGAL NAME OF OW						S	YSTEM ID# 34851	Name
				TE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0					9
			COMMUNITY/ AREA 0				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
						-		Distant
						-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	۱ 		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	n h	·				·		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add	the base rat	te fees for each subs	criber group	as shown in the boxes	above.			
Enter here and in blo			- ·			\$		

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LEGAL NAME OF OWNER Midstate Communi						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
	TEENTH	SUBSCRIBER GROU		FOURTEENTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated
						-		Exclusivity
								Surcharge
								for Partially
		-						Distant
								Stations
					ļ			
Total DSEs			0.00	Total DSEs	0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second		\$ SUBSCRIBER GROUF	0.00	
	IEENIH	SUBSCRIBER GROU						
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs		-	0.00	Total DSEs			0.00	
		0.00	Gross Receipts Fourth Group \$ 0.00		0.00			
	· 1*	·				·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Page Bota Face Add th			ribor ====		hove			
Enter here and in block			nber group	as shown in the boxes a	ivove.	\$		

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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name		
				TE FEES FOR EACH						
	ITEENTH	SUBSCRIBER GROU		EIGHTEENTH SUBSCRIBER GROUP				9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
		_						Base Rate Fee		
						-		and		
								Syndicated		
		-						Exclusivity Surcharge		
								for		
								Partially		
						-		Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
NIN	ITEENTH	SUBSCRIBER GROU	JP	ΤV						
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
		-								
		-								
Total DSEs	ıl		0.00	Total DSEs	1	···	0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	s				
	0, III C I, S	pade E (page /				Ψ				

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LEGAL NAME OF OWNE Midstate Commur						S	YSTEM ID# 34851	Name	
				TE FEES FOR EACH					
	TY-FIRST	SUBSCRIBER GROU		TWENTY-SECOND SUBSCRIBER GROUP				9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
		-						Stations	
T () DOF	-		0.00	T () DOF	1	<u> </u>	0.00		
Total DSEs			0.00	Total DSEs					
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
TWEN	TY-THIRD	SUBSCRIBER GROU	JP	TWENT	/-FOURTH	SUBSCRIBER GROU	IP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$			

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LEGAL NAME OF OWNER Midstate Communi						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GROU		TWENTY-SIXTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
						-		Distant
								Stations
							0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr			0.00	Base Rate Fee Second		\$ SUBSCRIBER GROUF	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA				
			•					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs	1		0.00	
		0.00			0.00			
	P	*			2. Jup	- <u>-</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNER Midstate Communi						SY	STEM ID# 34851	Name		
				TE FEES FOR EACH						
	Y-NINTH	SUBSCRIBER GROU		THIRTIETH SUBSCRIBER GROUP				9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
		_						Base Rate Fee		
						-		and		
								Syndicated		
		-						Exclusivity Surcharge		
								for		
								Partially		
						-		Distant		
						-		Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00			
THIRT	Y-FIRST	SUBSCRIBER GROU	IP	THIRTY						
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
		-								
		-				-				
						-				
Total DSEs	<u> </u>		0.00	Total DSEs	1		0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
	-				·					
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the			riber group	as shown in the boxes a	above.					
Enter here and in block	3, line 1, s	space L (page 7)				\$				

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LEGAL NAME OF OWNE Midstate Commur						SI	STEM ID# 34851	Name
				TE FEES FOR EACH				
THIR COMMUNITY/ AREA	THIRTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0			THIRTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL OIGH	DOL		DOL		DOL		DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	JP	THIF	RTY-SIXTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
	_							
Gross Receipts Third C	∍roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in bloch			riber group	as shown in the boxes a	above.	\$		
	,					·		

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LEGAL NAME OF OWNE Midstate Commun						SI	STEM ID# 34851	Name
				TE FEES FOR EACH				
THIRTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				THIRT COMMUNITY/ AREA	Y-EIGHTH	SUBSCRIBER GROU	P 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
								and
		-						Syndicated Exclusivity
								Surcharge
		-						for
		-						Partially
								Distant
								Stations
		-						
Total DSEs	<u> </u>		0.00	Total DSEs	_	4.	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
Total DSEs	<u> </u>		0.00	Total DSEs	1		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	P	· •			5.54p			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes a	above.			
Enter here and in block	3, line 1, s	space L (page 7)				\$		

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LEGAL NAME OF OWNE Midstate Commur						SI	STEM ID# 34851	Name
				TE FEES FOR EACH				
FOR COMMUNITY/ AREA	FORTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0			FORTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL CICIN	DOL	OALL OIGH	DOL		DOL		DOL	Base Rate Fee
								and
								Syndicated
		-						Exclusivity
						-		Surcharge for
								Partially
								Distant
						-		Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EOB.	דע דעופה	SUBSCRIBER GROU	ID	EORT			D	
COMMUNITY/ AREA			0	FORTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
		-						
	1		0.00		1		0.00	
Total DSEs	_			Total DSEs	_			
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.			
	、J, III E I, S	space L (page /,				\$		

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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
	ry-fifth	SUBSCRIBER GROU			RTY-SIXTH	SUBSCRIBER GROUI		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		_						Base Rate Fee
						-		and
		-						Syndicated
		-						Exclusivity Surcharge
		-						for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROUI	C	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-				-		
		-						
Total DSEs			0.00	Total DSEs		<u>.</u>	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	s		
	o, into 1, 8	Page L (page 1)				•		

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LEGAL NAME OF OWNER Midstate Communi						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
FORTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			FIFTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9	
CALL SIGN	DSE	CALL SIGN	Dee	CALL SIGN	DSE		Dee	Computation of
CALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	or Base Rate Fee
		-						and
		-						Syndicated
						-		Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second		\$	0.00	
	Y-FIRST	SUBSCRIBER GROL			-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	-					·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	e base rat	e fees for each subsc	riber group	as shown in the boxes a	above.			
Enter here and in block			-			\$		

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LEGAL NAME OF OWNER Midstate Commun						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU			-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
						-		Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-FIFTH	SUBSCRIBER GROU			TY-SIXTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name		
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
	SEVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								Base Rate Fee		
						-		and		
		-						Syndicated		
		-						Exclusivity Surcharge		
		-						for		
								Partially		
								Distant		
		-						Stations		
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00			
	Y-NINTH	SUBSCRIBER GROU								
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$				
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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GROU		11	-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
					<u> </u>		<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GROU			/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
Total DSEs	1 1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

FORM SA3E. PAG	GE 1	9
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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name		
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
SIXTY-FIFTH SUBSCRIBER GROUP					(TY-SIXTH	SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								Base Rate Fee		
						-		and		
								Syndicated		
		-						Exclusivity Surcharge		
								for		
								Partially		
		-						Distant		
		-						Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
SIXTY-S	SEVENTH	SUBSCRIBER GROU	JP	SIXT	Y-EIGHTH	SUBSCRIBER GROU	P			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						-				
		-								
						-				
Total DSEs			0.00	Total DSEs	<u>I</u>		0.00			
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
		·				·				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
			riber group	as shown in the boxes a	above.					
Enter here and in block	3, ine 1, 9	space ∟ (page /)				\$				

FORM SA3E. PAG	GE 1	9
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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP										
SIXTY-NINTH SUBSCRIBER GROUP					VENTIETH	SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								Base Rate Fee		
						-		and		
								Syndicated		
		-						Exclusivity Surcharge		
								for		
								Partially		
		-						Distant		
		-						Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
SEVEN	TY-FIRST	SUBSCRIBER GROU	IP	SEVENTY	-SECOND	SUBSCRIBER GROU	P			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						-				
		-								
						-				
Total DSEs	<u> </u>		0.00	Total DSEs	1		0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
	15	·				·				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
			riber group	as shown in the boxes a	above.					
Enter here and in block	3, line 1, s	space L (page 7)				\$				

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LEGAL NAME OF OWNE						S	YSTEM ID# 34851	Name
		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
						-		Stations
					Į			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVEN	NTY-FIFTH	SUBSCRIBER GRO	UP	SEVE	NTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$		0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNE Midstate Commun						S	YSTEM ID# 34851	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA	Y/ AREA 0			COMMUNITY/ AREA			0	J Computation
CALL SIGN					DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
						-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-NINTH	SUBSCRIBER GROU		11	EIGHTIETH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
		-						
		_						
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		
	,	··· - ·						

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LEGAL NAME OF OWNE Midstate Commur						S	YSTEM ID# 34851	Name
				TE FEES FOR EACH				
EIGHTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0			COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	0 0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs				
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	TY-THIRD	SUBSCRIBER GROU		11	Y-FOURTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs	-		0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROU			ITY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA	0			COMMUNITY/ AREA 0				J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
								and Syndicated
						-		Exclusivity
								Surcharge
								for
						-		Partially
		-						Distant
								Stations
		-						
Total DSEs	<u>.</u>		0.00	Total DSEs	<u>ļ</u>	····	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGHTY-S	SEVENTH	SUBSCRIBER GROU	JP	EIGHT	Y-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	e base rat	te fees for each subsc	riber aroun	as shown in the boxes a	above.			
Enter here and in block 3, line 1, space L (page 7)								

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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
EIGHTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			COMMUNITY/ AREA	NINTIETH	SUBSCRIBER GROUI	D 0	9	
CALL SIGN	DSE	CALL SIGN	Dee	CALL SIGN	DSE		Dee	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	or Base Rate Fee
		-						and
		-						Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
						-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-FIRST	SUBSCRIBER GROU		11	-SECOND	SUBSCRIBER GROUI	2	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs	<u> </u>		0.00	Total DSEs	1	Ш	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
					F	·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	e base rat	e fees for each subsc	riber group	as shown in the boxes a	bove.			
Enter here and in block						\$		

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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
NINET COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GROU	JP 0	NINETY-FOURTH SUBSCRIBER GROUP				9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								Base Rate Fee and
		-						Syndicated
								Exclusivity
								Surcharge for
		-						Partially
								Distant
		-						Stations
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-FIFTH	SUBSCRIBER GROU						
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	e base rat	te fees for each subsc	riber aroun	as shown in the boxes :	above			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								

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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name	
				TE FEES FOR EACH					
NINETY-SEVENTH SUBSCRIBER GROUP					Y-EIGHTH	SUBSCRIBER GROUP		9	
COMMUNITY/ AREA	IMUNITY/ AREA 0			COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE				
								Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
						•••••••••••••••••••••••••••••••••••••••			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00		
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second		\$ SUBSCRIBER GROUF	0.00		
NINE I COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GROU	9 0						
COMMUNITY AREA			U	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
		-							
		-							
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$			

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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
ONE HUNDRED FIRST SUBSCRIBER GROUP) SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA 0			COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
		-				-		for
								Partially
								Distant Stations
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	- OUD	\$	0.00	Gross Receipts Secon				
	oup	+	0.00			<u>\$</u>	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	JP	ONE HUNDREI	D FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-				-		
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNE						S	YSTEM ID# 34851	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA		0		COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						II		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNE Midstate Commun						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
	ED NINTH	SUBSCRIBER GROU			ED TENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			J Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	54P	· ·			Sicab	·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes a	above.			
Enter here and in block	3, line 1, s	space L (page 7)				\$		

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LEGAL NAME OF OWNER Midstate Commun						SY	STEM ID# 34851	Name
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROU			RTEENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
		SUBSCRIBER GROU	0.00	Base Rate Fee Second		SUBSCRIBER GROUF	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		SUBSCRIBER GROUP	0	
			Ŭ					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

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LEGAL NAME OF OWNER						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
ONE HUNDRED SEVEN	TEENTH	SUBSCRIBER GROU			HTEENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	✓ Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant Stations
		-						otations
						-		
Total DSEs			0.00	Total DSEs		···	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED NIN	TEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED TV	VENTIETH	SUBSCRIBER GROUP	>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

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LEGAL NAME OF OWNE						S	YSTEM ID# 34851	Name
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
	NTY-FIRST	SUBSCRIBER GROU			Y-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	NTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	ry-fourth	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
	-							
Gross Receipts Third (iroup	<u>\$</u>	0.00	Gross Receipts Fourth	i Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes a	above.			
Enter here and in block	k 3, line 1, s	space L (page 7)				\$		

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LEGAL NAME OF OWNE						S	YSTEM ID# 34851	Name
				TE FEES FOR EACH				
	NTY-FIFTH	SUBSCRIBER GROUP			ENTY-SIXTH	I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
		-						Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant
								Stations
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
NE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-EIGHTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		_						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ו Group	\$	0.00	
			riber group	as shown in the boxes	above.			
Enter here and in block	3, line 1,	space L (page 7)				\$		

FORM SA3E. PA	٩GE	19.
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LEGAL NAME OF OWNER Midstate Commun						SY	STEM ID# 34851	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP			THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	OMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
						-		Base Rate Fee
								and
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant
								Stations
	<u> </u>		0.00			11	0.00	
Total DSEs	0.10		0.00	Total DSEs	d Croup	<u></u>	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	u Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA	OMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNE Midstate Commun						SI	(STEM ID# 34851	Name
				TE FEES FOR EACH				
	RTY-THIRD	SUBSCRIBER GROUP				I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	HIRTY-SIXTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	froup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	, oup	<u>*</u>			. Group	<u>*</u>		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
			riber group	as shown in the boxes	above.			
Enter here and in block	3, line 1,	space L (page 7)				\$		

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COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 Corr CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Bas Sy Ex Ex Ex Ex Ex Ex Sy Ex Ex Ex Ex Ex Ex Sy Ex Ex Ex Ex Ex Ex Sy Ex Sy Ex Ex Ex Ex Ex Sy Ex Sy Ex Ex Ex Ex Ex Ex Sy Sy Ex Sy Ex Ex Ex Ex Ex Ex Ex Sy Sy Ex Sy Sy	Name	(STEM ID# 34851	S						LEGAL NAME OF OWNE
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 Council Sign DSE CALL SIGN DSE Sy CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Sy CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Sy Council Sign DSE CALL SIGN DSE CALL SIGN DSE Sy Sy Sy Council Sign DSE CALL SIGN DSE CALL SIGN DSE Sy					n				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Bas Supervision	9		SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUP	SEVENTH	
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Bas	of	DSE				DSE			
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Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		<u> </u>							
Base Rate Fee First Group \$ 0.00 ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0		0.00			Total DSEs	0.00			Total DSEs
ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0		0.00	\$	d Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First G
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
		Р	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED F		SUBSCRIBER GROUP	RTY-NINTH	ONE HUNDRED THIR
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Image: Sign in the strength of the strengt of the strength of the strength of the streng		0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Image: series of the series		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-		
		<mark></mark>							
Total DSEs 0.00 Total DSEs 0.00		0.00			Total DSEs	0.00			Total DSEs
Gross Receipts Third Group		0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$		0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	iroup	Base Rate Fee Third G
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)			\$	above.	as shown in the boxes a	riber group			

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LEGAL NAME OF OWNE Midstate Commun						S	YSTEM ID# 34851	Name
			BASE RA	TE FEES FOR EACH				
	RTY-FIRST	SUBSCRIBER GROUP	0		Y-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA	COMMUNITY/ AREA			COMMUNITY/ AREA	OMMUNITY/ AREA 0			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								olutions
						-		
Total DSEs	•+	<u>.</u>	0.00	Total DSEs	ļ	*!	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
	oup				u oroup	• 		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						I		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWN							34851 BYSTEM ID#	Name
				TE FEES FOR EAC			_	
ONE HUNDRED F		I SUBSCRIBER GROU	P 0	ONE HUNDRED		I SUBSCRIBER GROUI	<u> </u>	9
			Ŭ				•	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs	-	11	0.00	Total DSEs		11	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
	Cloup	Ψ	0.00			4	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		I SUBSCRIBER GROU				I SUBSCRIBER GROUI		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$		
	, ,							1

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LEGAL NAME OF OWNE Midstate Commur						SI	STEM ID# 34851	Name
				TE FEES FOR EACH				
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GROU			FIFTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs	Įļ		0.00	Total DSEs	Į	11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNER OF Midstate Communicati						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
ONE HUNDRED FIFTY-TH		SUBSCRIBER GROU	P 0	ONE HUNDRED FIFTY	-FOURIH		0	9
CALL SIGN DS	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	_							Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
						-		Partially
								Distant
								Stations
			0.00		ļ	11		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group		\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group		\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIFTY-FI	FTH S	SUBSCRIBER GROU		11	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN DS	Ε	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group		\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group		\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the bas Enter here and in block 3, lin			iber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNE						SI	/STEM ID# 34851	Name
				TE FEES FOR EACH	H SUBSCR			
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP				I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
		-						and Our dia stad
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FI	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDR	ED SIXTIETH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
			riber group	as shown in the boxes	above.	6		
Enter here and in block	ເວ, iine 1,	space ∟ (page 7)				\$		

FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP AMUNITY/ AREA AII COMMUNITY/ AREA 0 ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE I DSEs 0.00 Total DSEs 0.00 S 0.00 I DSEs 0.00 Base Rate Fee Second Group \$ 0.00 I DSE 0.00 Base Rate Fee Second Group \$ 0.00 MUNITY/ AREA 0 COMMUNITY/ AREA 0 0 MUNITY/ AREA 0 COMMUNITY/ AREA 0 0 MUNITY/ AREA 0 COMMUNITY/ AREA 0 0 MUNITY/ AREA 0 CALL SIGN DSE CALL		LOOK A.	COMPUTATION OF	BASE RA	TE FEES FOR EA	CH SUBSCF	RIBER GROUP	
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ss Receipts First Group s s 743,034.93 Gross Receipts Second Group s 0.00 e Rate Fee First Group s 0.00 Base Rate Fee Second Group s 0.00 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP 0 MUNITY/ AREA 0 COMMUNITY/ AREA 0 LL SIGN DSE CALL SIGN DSE CALL SIGN DSE LL SIGN DSE CALL SIGN DSE CALL SIGN DSE ILD SES 0 0 0 0 0 IDSEs 0.00 1 0 0 0 IDSEs 0.00 1 0 0 0 IDSEs 0.00 1 0 0 0								
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U.S. Copyright Office

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		te fees for each sub space L (page 7)	scriber group	as shown in the boxe	es above.	\$	

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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		=						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
]	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	es above.	\$		
							1	

LEGAL NAME OF OW Midstate Comm						S	34851 OK	Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EAG		RIBER GROUP		
COMMUNITY/ AREA	۹		0	COMMUNITY/ ARE	Ā		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
		-						Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED TW	ENTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWE	ENTY-FOURTH	I SUBSCRIBER GROUP	0	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	<u>\$</u>	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
			criber group	as shown in the boxe	es above.			
Enter here and in blo	ыскэ, line 1,	space ∟ (page /)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Midstate Communications Inc. 34851								
		COMPUTATION OF SUBSCRIBER GROUP		11	ENTY-SIXTH	IBER GROUP SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
		-				-		and Sundiastad
		-						Syndicated Exclusivity
		-						Surcharge
								for
		-						Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
NE HUNDRED TWENTY	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-				-		
		-						
		-						
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add th	e base rat	te fees for each subsc	riber aroun	as shown in the hoves	above			
Enter here and in block			9.040			\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Midstate Communications Inc. 34851								
B	BLOCK A:		BASE RA	TE FEES FOR EAC		IBER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDRI	ED THIRTIETH	I SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
								and
		-						Syndicated
								Exclusivity
		-						Surcharge
		-						for
		=						Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		·						
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	es above.			
Enter here and in bloc	к 3, IINE 1, :	space L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Midstate Communications Inc. 34851								
		COMPUTATION OF SUBSCRIBER GROUF		ATE FEES FOR EAC	RTY-FOURTH	RIBER GROUP		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
		_						
			L			1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIF	RTY-FIFTH	SUBSCRIBER GRO	JP	ONE HUNDRED TH	IRTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
			riber group	as shown in the boxes	s above.			
Enter here and in bloc	к 3, line 1, :	space ∟ (page /)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Midstate Communications Inc. 34851								
ONE HUNDRED THIRT	Y-SEVENTH			ATE FEES FOR EAC	HIRTY-EIGHTH	RIBER GROUP	P 0	9
			1 ====					Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
		-						and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GRO	JP	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		T.						
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
			criber group	as shown in the boxe	es above.			
Enter here and in blo	ck 3, line 1,	space L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Midstate Communications Inc. 34851								
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	HSUBSCR	IBER GROUP		
ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	9
			D 0E					Compu
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Ra
		-						anc
								Syndic
								Exclus
		-				-		Surcha
								for
		-						Partia
								Dista
								Static
						-		
		-						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group \$ 0.00		0.00	Gross Receipts Second Group \$		0.00			
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP		
OMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
		-		-				
		-						
]				
		-						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third G	iroup	\$	0.00	Gross Receipts Four	rth Group	<u>\$</u>	0.00	
_								
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
se Rate Fee: Add the ter here and in block			riber group	as shown in the boxe	s above.	\$		
	o, into 1, 3					Y		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Midstate Communications Inc. 34851								
	ORTY-FIFTH	COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EAG	FORTY-SIXTH	RIBER GROUP	P 0	9
			-					Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant
		-						Stations
Total DSEs		++	0.00	Total DSEs		++	0.00	
Gross Receipts First	Group	<u>\$</u>	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED F	ORTY-EIGHTH	I SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		
	,,							

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Midstate Communications Inc.34851								
				ATE FEES FOR EAC		RIBER GROUP		
ONE HUNDRED FOR	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED FIFTIETH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	9
CALL SIGN	Der			CALL SIGN	Dec		Dee	Computatio of
CALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	or Base Rate F
								and
		-						Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
						-		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•	<u>. </u>			F	Ļ <u>.</u>		
Base Rate Fee: Add th	e base rat	e fees for each subso	riber arour	as shown in the boxe	s above.			
		space L (page 7)	3			\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Midstate Communications Inc.34851									
BL	.OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC		IBER GROUP			
ONE HUNDRED FIFT						SUBSCRIBER GROU	JP	•	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9	
	Der		Dee		Dee		DEE	Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F	
		-						and	
								Syndicated	
		-						Exclusivity	
		-						Surcharge	
								for	
						T		Partially	
								Distant	
								Stations	
		-							
		-							
						<u> </u>			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
		_							
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
	ſ	·			- · ۳	-			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxe	s above.	\$			
	. ,	,							

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Midstate Communications Inc.34851								
BI ONE HUNDRED FIFTY COMMUNITY/ AREA			TE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9	
			•					Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group		\$ 0.00		Gross Receipts Second Group		\$ 0.00		
		[
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00			A	
	TY-NINTH	SUBSCRIBER GROU				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00		Total DSEs 0.00			0.00	
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group \$ 0.00			0.00	
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add th	ne hase ref	te fees for each subsc	riber aroup	as shown in the hoves	above			
Enter here and in block			9.0up			\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID#
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCR	IBER GROUP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso con Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market Second 50 major television market	
Base Rate Fee and	 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
Syndicated Exclusivity Surcharge for Partially Distant Stations	 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 clar 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. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not r your actual calculations on this form. 	of this
	FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GR	ROUP
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GR	ROUP
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE Midstate Communications Inc. 3	M ID# 4851
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9 Computation of	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 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:	
Base Rate Fee	INSTRUCTIONS:	
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 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 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 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. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 	
	FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	Line 1: Enter the VHP DSEs	_
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV	/ITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation	If your cable system is located within a top 100 television market and the syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	
of Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for commercia	I VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially Distant Stations	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for t Exempt DSEs in block C, part 7 of this schedule. If none enter z Step 3: In line 3, subtract line 2 from line 1. This is the total number of D Step 4: Compute the surcharge for each subscriber group using the form schedule. In making this computation, use gross receipts figures your actual calculations on this form. 	ero. SEs used to compute the surcharge. nula outlined in block D, section 3 or 4 of part 7 of this
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7).	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY	SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the station Syndicated Exclusivity Surcharge. Indicate which major television market any p by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market Secu	ond 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated Exclusivity Surcharge for	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VH 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 up to the total number	IF Grade B contour stations that were classified as
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula o schedule. In making this computation, use gross receipts figures appli your actual calculations on this form.	-
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	1: Enter the VHF DSEs
		2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	First Group	Second Group
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP
		1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
		DICATED EXCLUSIVITY CHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subs in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SUR	CHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the station is no Syndicated Exclusivity Surcharge. Indicate which major television market any portion by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market) major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated Exclusivity Surcharge for	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grad this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grad 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 	ade B contour stations that were classified as
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outlined schedule. In making this computation, use gross receipts figures applicable your actual calculations on this form.	
	SEVENTEENTH SUBSCRIBER GROUP	EIGHTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	ter the VHF DSEs
		Iter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surchargeLine 3: Su and total total total total total total total total subscriber group	abtract line 2 from line 1 ad enter here. This is the tal number of DSEs for is subscriber group ubject to the surcharge omputation
	SURCHARGE	TED EXCLUSIVITY RGE cond Group \$
	NINEENTH SUBSCRIBER GROUP	TWENTYTH SUBSCRIBER GROUP
		iter the VHF DSEs
	and enter here. This is theandtotal number of DSEs fortothis subscriber groupthsubject to the surchargesubject	ubtract line 2 from line 1 nd enter here. This is the tal number of DSEs for is subscriber group ubject to the surcharge omputation
	SURCHARGE	TED EXCLUSIVITY RGE urth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY Midstate Communications Inc. SY	STEM ID# 34851
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GRO	UP
9	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 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 of	First 50 major television market First 50 major television market Second 50 major television market	
Base Rate Fee	INSTRUCTIONS:	
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 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 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 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. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 	/
	TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP	
	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 subject to the surcharge computation	
	SURCHARGE SURCHARGE First Group \$ Second Group \$	
	TWENTY-THIRD SUBSCRIBER GROUP TWENTY-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 subject to the surcharge computation	_
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#
	Midstate Communications Inc.	34851
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCE If your cable system is located within a top 100 television market and the station is not Syndicated Exclusivity Surcharge. Indicate which major television market any portion of	exempt in Part 7, you mustalso compute a
Computation of		major television market
Base Rate Fee and	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
Syndicated Exclusivity Surcharge for Partially Distant Stations	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grad 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 a Step 4: Compute the surcharge for each subscriber group using the formula outlined schedule. In making this computation, use gross receipts figures applicable to your actual calculations on this form. 	compute the surcharge. in block D, section 3 or 4 of part 7 of this
	TWENTY-FIFTH SUBSCRIBER GROUP	TWENTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 1: Enter	er the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 2: Enter	er the Exempt DSEs
	and enter here. This is theandtotal number of DSEs fortotalthis subscriber groupthissubject to the surchargesubject	tract line 2 from line 1 I enter here. This is the Il number of DSEs for subscriber group ject to the surcharge nputation
	SURCHARGE SURCHARGE	ED EXCLUSIVITY 3E ond Group
	TWENTY-SEVENTH SUBSCRIBER GROUP	TWENTY-EIGHTH SUBSCRIBER GROUP
		er the VHF DSEs
	and enter here. This is theandtotal number of DSEs fortotalthis subscriber groupthissubject to the surchargesubject	tract line 2 from line 1 I enter here. This is the I number of DSEs for subscriber group ject to the surcharge nputation
	SYNDICATED EXCLUSIVITY SYNDICAT SURCHARGE SURCHARGE	ED EXCLUSIVITY
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber g in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	· · · ·
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commerci this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of I Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form. 	the VHF Grade B contour stations that were classified as zero. DSEs used to compute the surcharge. mula outlined in block D, section 3 or 4 of part 7 of this
	TWENTY-NINTH SUBSCRIBER GROUP	THIRTIETH 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	THIRTY-FIRST SUBSCRIBER GROUP	THIRTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE Midstate Communications Inc. 3	M ID# 4851
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	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 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 of	First 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 Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total number of DSEs by subscriber group for technine total VIII Grade B contour stations listed in block A, part 3 of 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 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. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 	
olations		
	THIRTY-THIRD SUBSCRIBER GROUP THIRTY-FOURTH SUBSCRIBER GROUP	
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ Second Group \$	
	THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 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 subject to the surcharge computation -	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

9 If your cable system is located within a top 100 bereation market and the station is not exempt in Part 7, your mutatable compute a Syndicated Exclusive Startinger. Indexed within and technical with ring it devision market and portion of your cable system is located in an defined by sector. Part of the is defined within and technical within and technical with and portion of your cable system is located in an defined by sector. Part 50 major tolevision market Base tries in the 1, the trip tolevision market and portion of your cable system is located in an defined by sector. Part 50 major tolevision market Second 50 major tolevision market Bit 1: In the 1, the trip tolevision market and portion of your cable system to group for the VFF Grade B contour stations. Itseld in block A, part 9 of this schedule. In market and market and more of DSEs to advance to compute the surcharge. Set 1: In the 2, schedule 1: This is the tole number of DSEs used to compute the surcharge. Stations Set 2: In the 2, schedule 1: This is the tole advance of DSEs. Line 1: This is the tole number of DSEs used to compute the surcharge. Stations Set 2: In the 2, schedule 1: This is the tole number of DSEs. Line 1: Enter the VHF DSEs. Line 2: Enter the VHF DSEs. Line 1: Enter the VHF DSEs. Line 1: Enter the VHF DSEs. Line 2: Enter the VHF DSEs. Subtract line 2 from line 1 Line 1: Enter the VHF DSEs. Line 2: Enter the VHF DSEs. Line 2: Enter the VHF DSEs. Line 1: Enter the VHF DSEs. Line 2: Enter the VHF DSEs.	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851
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 of and syndicated Exclusivity Surcharge television market Second 50 major television market Stap 1:: In 10: 1 give the total DSEs by subarcher group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Stap 1:: In 10: 1 give the total DSEs by subarcher group for the VHF Grade B contour stations listed in block A, part 9 of this schedule. Stap 2:: In 10: 3, subtract line 2, give the total DSEs to subarcher group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. Stap 3:: In 10: 3, subtract line 2, give the total DSEs in subarcher group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. Stap 3:: In 10: 3, subtract line 2, give the total DSEs in subarcher group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. Stap 4:: Compute the surcharge for each subarcher group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. Stap 5:: In 10: A subschedie In marking this computation, use gross receipts figures applicable to the surcharge. THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER GROUP Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE SUBCLATED EXCLUSIVITY <th></th> <th>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI</th> <th>VITY SURCHARGE FOR EACH SUBSCRIBER GROUP</th>		BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP
of Base Rate For Base Rate For Syndicated Exclusivity Surcharge for Partially Imme 1, give the total DSEs by subsoriber group for commercial VHF Grade B contour stations that were classified as Exclusivity Surcharge For Partially Step 3: In line 2, give the total number of DSEs by subsoriber group for the VHF Grade B contour stations that were classified as Exceept DSEs in block C, part 7 df his schedule. If more there zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge Step 3: Compute the surcharge for each subschedure group go for the VHF Grade B contour stations that were classified as Exercise for exercise figures applicable to the particular group. You do not need to show your actual calculations on this form. THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs in boot to tal and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group SYNDICATED EXCLUSIVITY SURCHARGE Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE Line 1: Enter the VHF DSEs Line 1: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs for this subscri		Syndicated Exclusivity Surcharge. Indicate which major television marke	
Base Rate Fee and Syndicated Exclusivity for Partially INTRUCTONS: Step 1: In Im 1: give the total DEEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 2: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge for Step 3: Compute the surcharge for each subscriber group and the formal a cuited in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation SynDiCATED EXCLUSIVITY SURCHARGE SynDiCATED EXCLUSIVITY SURCHARGE Line 2: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line	-	First 50 major television market	Second 50 major television market
Syndicated Exclusivity It is schedule. It is achedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations. It hat were classified as Exerning DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subscribt in the subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs to 7 this subscriber group subject to the surcharge computation. Line 1: Enter the VHF DSEs. SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP SYNDICATED EXCLUSIVITY SURCHARGE THIRTY-NINTH SUBSCRIBER GROUP Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs. SYNDICATED EXCLUSIVITY SURCHARGE Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUS			
Exclusivity Surcharge for Step 2: In line 2, are the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block 0, part of this schedule. In 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. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block 0, part of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. Intel 2: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs in this total and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation Line 1: Enter the VHF DSEs SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ Stothard line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP \$ THIRTY-NINTH SUBSCRIBER GROUP Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscri			al VHF Grade B contour stations listed in block A, part 9 of
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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs	Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	zero.
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation computation SUNDICATED EXCLUSIVITY SURCHARGE First Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation computation	Partially Distant	Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure	mula outlined in block D, section 3 or 4 of part 7 of this
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation computation SUNDICATED EXCLUSIVITY SURCHARGE First Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation computation		THIRTY-SEVENTH SUBSCRIBER GROUP	THIRTY-EIGHTH SUBSCRIBER GROUP
Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group SYNDICATED EXCLUSIVITY SURCHARGE First Group SYNDICATED EXCLUSIVITY SURCHARGE THIRTY-NINTH SUBSCRIBER GROUP FORTIETH 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
SYNDICATED EXCLUSIVITY SURCHARGE First Group THIRTY-NINTH SUBSCRIBER GROUP THIRTY-NINTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SUBCHARGE Third Group SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY		and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
Line 1: Enter the VHF DSEs		SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		THIRTY-NINTH SUBSCRIBER GROUP	FORTIETH SUBSCRIBER GROUP
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
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 subject to the surcharge computation		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
			ch subscriber group as shown \$ \$

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBE	ER GROUP
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso comp Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as de by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market Second 50 major television market	
Base Rate Fee		
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, pathis schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classif 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. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of th schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not nee your actual calculations on this form. 	fied as his
	FORTY-FIRST SUBSCRIBER GROUP FORTY-SECOND SUBSCRIBER G	ROUP
		ROUF
	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 subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$	
	FORTY-THIRD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER G	ROUP
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	computation - computation - SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV	/ITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market] Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated Exclusivity	 Step 1: In line 1, give the total DSEs by subscriber group for commercia this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the statement of the st	
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter z	
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of D Step 4: Compute the surcharge for each subscriber group using the form schedule. In making this computation, use gross receipts figure: your actual calculations on this form. 	nula outlined in block D, section 3 or 4 of part 7 of this
	FORTY-FIFTH SUBSCRIBER GROUP	FORTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	· · · · · · · · · · · · · · · · · · ·	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	FORTY-SEVENTH SUBSCRIBER GROUP	FORTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	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 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 of	First 50 major television market	Second 50 major television market	
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial	/HF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	 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 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. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	FORTY-NINTH SUBSCRIBER GROUP	FIFTIETH 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
		SYNDICATED EXCLUSIVITY SURCHARGE Second Group	
	FIFTY-FIRST SUBSCRIBER GROUP	FIFTY-SECOND SUBSCRIBER GROUP	
		Line 1: Enter the VHF DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
		SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each s in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation	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 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:		
of	☐ First 50 major television market ☐ Second 50 major television	market	
Base Rate Fee	INSTRUCTIONS:	na liatad in black A part 0 of	
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 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 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 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. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	FIFTY-THIRD SUBSCRIBER GROUP FIFTY-FOUR	TH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt D	SEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from and enter here. This is the and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	s is the Es for /P	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group		
	FIFTY-FIFTH SUBSCRIBER GROUP FIFTY-SIXT	H SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs	SEs line 1 s is the Es for up narge	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$ Fourth Group Fourth Group	тү \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	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 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 of	☐ First 50 major television market ☐ Se	cond 50 major television market	
Base Rate Fee	INSTRUCTIONS:		
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 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 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 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. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	FIFTY-SEVENTH SUBSCRIBER GROUP	FIFTY-EIGHTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	e 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Lin	e 2: Enter the Exempt DSEs	
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	e 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
		Indicated Exclusivity IRCHARGE Second Group \$	
	FIFTY-NINTH SUBSCRIBER GROUP	SIXTIETH SUBSCRIBER GROUP	
		e 1: Enter the VHF DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: A Line 3: Subtract line 2 from line 1 Line 4 Line	e 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
		INDICATED EXCLUSIVITY IRCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each sut in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
9	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 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 of	First 50 major television market	Second 50 major television market		
Base Rate Fee		_ ,		
and Councilia stand	Step 1: In line 1, give the total DSEs by subscriber group for commercia	al VHF Grade B contour stations listed in block A, part 9 of		
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	zero.		
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 			
	SIXTY-FIRST SUBSCRIBER GROUP	SIXTY-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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge		
	computation	computation		
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group		
	SIXTY-THIRD SUBSCRIBER GROUP	SIXTY-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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge		
	computation			
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)			