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

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
	\$
08/28/2020	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERI	ED BY THIS STATEMENT:			
Accounting	2020/1				
Period					
B Owner	Instructions:  Give the full legal name of the owner rate title of the subsidiary, not that of the public List any other name or names under if there were different owners during a single statement of account and royalty.  Check here if this is the system's fi	parent corporation which the owner conducts the busing the accounting period, only the owner	ess of the cable syst er on the last day of a counting perioa	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING A	DDRESS OF CABLE SYSTEM			
	ImOn Communications, LI	LC			
	,				
					6105420201
					61054 2020/1
					2020/1
	101 3rd Ave SW, Suite 400	)			
	Cedar Rapids, IA 52404				
	• '		:		
С	INSTRUCTIONS: In line 1, give any benames already appear in space B. In line 1, give any benames already appear in space B.				
System	IDENTIFICATION OF CABLE SYSTEM:		•		· ·
	1				
	MAILING ADDRESS OF CABLE SYSTEM	М:			
	(Number, street, rural route, apartment, or suite	nimber			
	(Nambor, Sireet, Idia Podte, aparanoni, or Suite	Humbery			
	(City, town, state, zip code)				
D	Instructions: For complete space D i	nstructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b
Area	with all communities.				
Served	CITY OR TOWN		STATE		
First	CEDAR RAPIDS		IA		
Community	Below is a sample for reporting com	munities if you report multiple ch	annel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	· · · · · ·	STATE	CH LINE UP	SUB GRP#
Sample	Alda		MD	A	1
Campio	Alliance		MD	В	2
	Gering		MD	В	3

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

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

ORM SA3E. PAGE 1b.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
ImOn Communications, LLC			61054	
<b>Instructions:</b> List each separate community served by the cable system. A "commu in FCC rules: "a separate and distinct community or municipal entity (including uninc areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The of system identification hereafter known as the "first community." Please use it as the <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile I	orporated communit frst community that first community on	ies within unincorp you list will serve a all future filings.	orated as a form	D Area Served
below the identified city or town.  If all communities receive the same complement of television broadcast stations (i.e.	·			
all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	e the column blank.	If you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-comm	and a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
CEDAR RAPIDS	IA			First
MARION	IA			Community
HIAWATHA	IA			
				See instructions for
				additional information
				on alphabetization.
				Add rows as necessar

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
ImOn Communications, LLC
61054

## Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and Rates **In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:	GOBOOKIBEKO	IVAIL	OATEONT OF DERVICE SUBSCRIBERO TVATE
Service to first set	5,976	\$ 24.98	
Service to additional set(s)			
FM radio (if separate rate)			
Motel, hotel			
Commercial	400	\$ 24.98	
Converter			
Residential	2,725	\$ 9.98	
Non-residential	177	\$ 9.98	

# F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	R/	ATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	\$ 88.48	<ul> <li>Motel, hotel</li> </ul>				
<ul> <li>Pay cable—add'l channel</li> </ul>	\$ 19.00	Commercial				
Fire protection		• Pay cable				
Burglar protection		• Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set		Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	\$	75.00		
Converter		Disconnect				
		Outlet relocation	\$	20.00		
		<ul> <li>Move to new address</li> </ul>	\$	29.00		

Α	ACC	OUNTING PERIOD COVE	RED 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	UCTIONS:	
В		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	rate 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	re 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 DATA
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	610
		ImOn Communications, LLC	
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	
		101 3rd Ave SW, Suite 400	
		(Number, street, rural route, apartment, or suite number)	
		Cedar Rapids, IA 52404	
		(City, town, state, zip)	
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
_	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.	
С			
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	Number, street, rural route, agartment, or suite number)	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zg code)	
		·	

	BLO	CK 1		=		
E	BLO	NO. OF		Ī		
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Secondary	Residential:					
Transmission	Service to first set	5,976	24.98			
Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>					
scribers and	<ul> <li>FM radio (if separate rate)</li> </ul>					
Rates	Motel, hotel					
	Commercial	400	24.98			
	Converter					
	Residential	2,725	9.98			
	Non-residential	177	9.98			
		"	BLOCK 1	1		1
_	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	
F	Continuing Services:		Installation: No			
	Pay cable	88.48		Motel, hotel		
Services	Pay cable—add'l channel	19.00		Commercial		,
Other Than	Fire protection			Pay cable		,
Secondary	Burglar protection			Pay cable-add'l channel		,
ransmissions:	Installation: Residential			• Fire protection		
Rates	• First set			Burglar protection		,
	Additional set(s)		Other services		20.00	
	• FM radio (if separate rate)			Reconnect	75.00	,
	Converter			Disconnect     Outlet relocation	20.00	,
				Move to new address	20.00	
				Move to new address	29.00	•
M Channels	CHANNELS Instructions: You must give (1) to its subscribers and (2) the cal					stations
	Instructions: You must give (1)	ble system's total n nnels on which the dcast stations vated channels ried television broa	cabledcast stations	ted channels, during the a		stations  13  201
Channels  N Individual to	Instructions: You must give (1) to its subscribers and (2) the cal  1. Enter the total number of cha system carried television broa  2. Enter the total number of action which the cable system car	ble system's total n nnels on which the dcast stations vated channels ried television broa	cable dcast stations	ated channels, during the a	ccounting period.	13
N Individual to Be Contacted for Further	Instructions: You must give (1) 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 and nonbroadcast services  INDIVIDUAL TO BE CONTACT	ble system's total n nnels on which the dcast stations vated channels ried television broa	cable dcast stations	ated channels, during the a	occounting period.	13
N Individual to Be Contacted	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of cha  system carried television broa  2. Enter the total number of actir  on which the cable system car  and nonbroadcast services	total number of account.)  TED IF FURTHER I nent of account.)  Jake Ryan  101 3rd Ave 5	umber of active cable  dcast stations  NFORMATION  5W, Suite 44	IS NEEDED (Identify an in	ndividual Telephone	201
N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal  1. Enter the total number of cha system carried television broa  2. Enter the total number of actir on which the cable system car and nonbroadcast services  INDIVIDUAL TO BE CONTACT we can contact about this stater  Name	ble system's total n nnels on which the dcast stations	umber of active cable  dcast stations  NFORMATION  SW, Suite 44	IS NEEDED (Identify an in	ndividual Telephone	201
N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal  1. Enter the total number of cha system carried television broa  2. Enter the total number of actir on which the cable system car and nonbroadcast services  INDIVIDUAL TO BE CONTACT we can contact about this stater  Name	ble system's total n nnels on which the dcast stations	umber of active cable  dcast stations  NFORMATION  SW, Suite 44  ber, street, rural s, IA 52404	IS NEEDED (Identify an in	ndividual Telephone	201
N Individual to Be Contacted for Further	Instructions: You must give (1) 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 and nonbroadcast services  INDIVIDUAL TO BE CONTACT we can contact about this stater  Name  Address	ble system's total n nnels on which the dcast stations	umber of active cable  deast stations  NFORMATION  SW, Suite 4  per, street, rural  port, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	IS NEEDED (Identify an in the authority of the authority	dividual  Telephone  Fax (optional)  Copyright Office reg.	201 319-261-4643
N Individual to Be Contacted for Further Information	Instructions: You must give (1) 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 can 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	ble system's total n nnels on which the dcast stations	umber of active cable  deast stations  NFORMATION  SW, Suite 4  per, street, rural  port, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	IS NEEDED (Identify an ir  IS NEEDED (Identify an ir  Oute, apartment, or suite num  igned in accordance with C  s's' signature (e.g., /s/Johr in Space O of tab "page 8,	dividual  Telephone  Fax (optional)  Copyright Office reg.	201 319-261-4643
N Individual to Be Contacted for Further Information	Instructions: You must give (1) 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 can 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	ble system's total n nnels on which the dcast stations	umber of active cable  dcast stations  NFORMATION  SW, Suite 44  sy, street, und is, 145 2404  coun, state, 2p)  certifed and s an electronic "esignature box  Typed or prir	IS NEEDED (Identify an in IS NEEDED (Identif	Telephone Fax (optional)  Fax (optional)  Copyright Office reg. Smith). Do not for space M-O*.	201 319-261-4643

U.S. Copyright Office

ОК

**Subgroup Gross Receipts Total** 

\$ 982,913.04

Subgroup		Subgroup/Community Name	<b>Gross Receipts</b>	
FIRST	1	Cedar Rapids Iowa Metro	\$ 982,913.0	4
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
KGAN-DT1	2-1	N-M	CEDAR RAPIDS, IA	0.250	
KGAN-DT2	2-2	N-M	CEDAR RAPIDS, IA	0.250	
KGAN-DT3	2-3	N-M	CEDAR RAPIDS, IA	0.250	
KGAN-DT4	2-4	N-M	CEDAR RAPIDS, IA	0.250	
KWWL-DT1	7-1	N-M	WATERLOO, IA	0.250	
KWWL-DT2	7-2	N-M	WATERLOO, IA	0.250	
KWWL-DT3	7-3	N-M	WATERLOO, IA	0.250	
KWWL-DT4	7-4	N-M	WATERLOO, IA	0.250	
KCRG-D1	9-1	N-M	CEDAR RAPIDS, IA	0.250	
KCRG-D2	9-2	N-M	CEDAR RAPIDS, IA	0.250	
KCRG-D3	9-3	N-M	CEDAR RAPIDS, IA	0.250	
KCRG-D4	9-4	N-M	CEDAR RAPIDS, IA	0.250	
KCRG-D5	9-5	N-M	CEDAR RAPIDS, IA	0.250	
KCRG-D6	96	N-M	CEDAR RAPIDS, IA	0.250	
KFXA-DT1	28-1	N-M	CEDAR RAPIDS, IA	0.250	
KFXA-DT2	28-2	N-M	CEDAR RAPIDS, IA	0.250	
KFXA-DT3	28-3	N-M	CEDAR RAPIDS, IA	0.250	
KFXA-DT4	28-4	N-M	CEDAR RAPIDS, IA	0.250	
KRINHD	32-1	N-M	WATERLOO, IA	0.250	
KRINHD1	32-2	N-M	WATERLOO, IA	0.250	
KRINHD2	32-3	N-M	WATERLOO, IA	0.250	
KRINHD3	32-4	N-M	WATERLOO, IA	0.250	
				#N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast					Space G
	Channel	3. Type of				Basis of
1. Call Sign	Number	Station	6. Location of Station	n	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	

**ACCOUNTING PERIOD: 2020/1** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 20201 ImOn Communications, LLC 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.

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

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

ImOn Commun					SYSTEM ID# 61054	Namo
					01034	
PRIMARY TRANSMITTI						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during to the control of the	he accounting I June 24, 19, or 76.63 (red in the next prespect to any attons, or auth G—but do listitute basis. ace I, if the stateming substitution is a station acceptable.	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: t it in space I (the ation was carried tute basis station report origination cording to its ow t be reported in on mas assigned to	(1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statemed both on a substitus, see page (v) on program service er-the-air designation of the television statement of the st	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried the	entering the lecast), "E" (for nese terms, see ation is outside ce area, see pave entered "Ye ne distant staticion on a part-tii	etter "N" (for noncommercial page (v) of the local servage (v) of the les" in column on during the leme basis became	etwork), "N-M" ( I educational), of general instructivice area, (i.e. "of general instructivity output to accounting period ause of lack of a geam that is not set.	for network multion "E-M" (for noncontions located in the distant"), enter "Ye ions located in the mplete column 5, and Indicate by enactivated channel	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	entered into o a primary trans simulcasts, also aree categories e location of ea	mitter or an a o enter "E". If , see page (v) ch station. Fo	ssociation repre you carried the ) of the general or U.S. stations,	senting the prima channel on any o instructions locate list the community	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. It to which the station is licensed by the	
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	entered into o a primary trans simulcasts, also ree categories e location of ea Canadian static	mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,	ssociation repre you carried the ) of the general or U.S. stations, the the name of the use a separate	esenting the prima channel on any o instructions locate list the communit ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further and in the paper SA3 form. If the work the station is licensed by the mathematical which the station is identified.	
of a written agreement the cable system and a tion "E" (exempt). For a explanation of these the Column 6: Give the FCC. For Mexican or C Note: If you are utilizing	entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static ag multiple char	mitter or an a- o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN	ssociation repre you carried the ) of the general or U.S. stations, e the name of th use a separate	esenting the prima channel on any o instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. It to which the station is licensed by the make which the station is identifed. It channel line-up.	
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or 0	entered into o a primary trans simulcasts, also ree categories e location of ea Canadian static	mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,	ssociation repreyou carried the of the general or U.S. stations, the the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)	esenting the prima channel on any o instructions locate list the communit ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further and in the paper SA3 form. If the work the station is licensed by the mathematical which the station is identified.	
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or ( Note: If you are utilizing  1. CALL SIGN	entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static g multiple characteristics. B'CAST CHANNEL	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN  3. TYPE OF	ssociation repreyou carried the of the general or U.S. stations, the the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. It to which the station is licensed by the make which the station is identifed. It channel line-up.	
of a written agreement the cable system and a cion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or ONote: If you are utilizing 1. CALL SIGN	entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static ag multiple chai  2. B'CAST CHANNEL NUMBER	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE  OF  STATION	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further basis, enter "O." For a further but in the paper SA3 form. If to which the station is licensed by the mathematical which the station is identified. Channel line-up.  6. LOCATION OF STATION	See instructions for
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of a written agreement the cable system and a cion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Onote: If you are utilizing 1. CALL SIGN  KGAN-DT1  KGAN-DT2  KGAN-DT3	entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static g multiple char  2. B'CAST CHANNEL NUMBER  2-1  2-2	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  N-M  N-M	ssociation repreyou carried the of the general or U.S. stations, the the name of the use a separate   EL LINE-UP  4. DISTANT?  (Yes or No)  No  No	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further basis, enter "O." For a further bed in the paper SA3 form. If to which the station is licensed by the maken which the station is identified. In channel line-up.  6. LOCATION OF STATION  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA	
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of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or 0 Note: If you are utilizin  1. CALL SIGN  KGAN-DT1  KGAN-DT2  KGAN-DT3  KGAN-DT4  KWWL-DT1	entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static g multiple char  2. B'CAST CHANNEL NUMBER  2-1  2-2  2-3  2-4	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  N-M  N-M  N-M  N-M	ssociation repreyou carried the of the general or U.S. stations, the the name of the use a separate to the sep	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further basis, enter "O." For a further bed in the paper SA3 form. If to which the station is licensed by the make the which the station is identified. In the channel line-up.  6. LOCATION OF STATION  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA	additional information
of a written agreement the cable system and a cition "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KGAN-DT1  KGAN-DT2  KGAN-DT3  KGAN-DT4  KWWL-DT1  KWWL-DT1	entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static g multiple char  2. B'CAST CHANNEL NUMBER  2-1 2-2 2-3 2-4 7-1	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  N-M  N-M  N-M  N-M  N-M  N-M  N-M	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  No  No  No  No  No  No  No  No  No	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further basis, enter "O." For a further but in the paper SA3 form. It to which the station is licensed by the make the which the station is identified. In the channel line-up.  6. LOCATION OF STATION  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  WATERLOO, IA	additional information
of a written agreement the cable system and a cion "E" (exempt). For explanation of these the Column 6: Give the CCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KGAN-DT1  KGAN-DT2  KGAN-DT3  KGAN-DT4  KWWL-DT1  KWWL-DT1  KWWL-DT2  KWWL-DT2	entered into o a primary trans simulcasts, also iree categories e location of ea Canadian static ag multiple char  2. B'CAST CHANNEL NUMBER 2-1 2-2 2-3 2-4 7-1 7-2	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  N-M N-M N-M N-M N-M N-M N-M N-M N-M N	ssociation repreyou carried the of the general or U.S. stations, the the name of the use a separate to the sep	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further and in the paper SA3 form. It to which the station is licensed by the which the station is identified. In the channel line-up.  6. LOCATION OF STATION  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  WATERLOO, IA	additional information
of a written agreement he cable system and a ion "E" (exempt). For explanation of these the Column 6: Give the COLENT of Market of the COLENT	entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static ag multiple char  2. B'CAST CHANNEL NUMBER  2-1 2-2 2-3 2-4 7-1 7-2 7-3	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  N-M N-M N-M N-M N-M N-M N-M N-M N-M N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  No  No  No  No  No  No  No  No  No	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further sid in the paper SA3 form. It to which the station is licensed by the which the station is identified. In the channel line-up.  6. LOCATION OF STATION  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA	additional information
of a written agreement he cable system and a ion "E" (exempt). For explanation of these the Column 6: Give the Column 6: Give the CCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KGAN-DT1  KGAN-DT2  KGAN-DT3  KGAN-DT4  KWWL-DT1  KWWL-DT1  KWWL-DT2  KWWL-DT3  KWWL-DT4  KCRG-D1	entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static ag multiple char  2. B'CAST CHANNEL NUMBER 2-1 2-2 2-3 2-4 7-1 7-2 7-3 7-4 9-1	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE  OF  STATION  N-M  N-M  N-M  N-M  N-M  N-M  N-M  N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  No  No  No  No  No  No  No  No  No	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further basis, enter the basis of the	additional information
of a written agreement he cable system and a ion "E" (exempt). For explanation of these the Column 6: Give the Column 6: Give the CC. For Mexican or Color. If you are utilizing 1. CALL SIGN  KGAN-DT1  KGAN-DT2  KGAN-DT3  KGAN-DT4  KWWL-DT1  KWWL-DT2  KWWL-DT3  KWWL-DT3  KWWL-DT4  KCRG-D1  KCRG-D1	entered into o a primary trans simulcasts, also iree categories e location of ea Canadian static ig multiple char  2. B'CAST CHANNEL NUMBER  2-1 2-2 2-3 2-4 7-1 7-2 7-3 7-4 9-1 9-2	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  N-M N-M N-M N-M N-M N-M N-M N-M N-M N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further basis, enter the basis of the basis o	additional information
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of a written agreement the cable system and a cition "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN  KGAN-DT1  KGAN-DT2  KGAN-DT3  KGAN-DT4  KWWL-DT1  KWWL-DT1  KWWL-DT1  KWWL-DT2  KWWL-DT3  KWWL-DT4  KCRG-D1  KCRG-D1  KCRG-D3  KCRG-D4	entered into o a primary trans simulcasts, also ince categories e location of ea Canadian static gruph multiple characteristics. B'CAST CHANNEL NUMBER 2-1 2-2 2-3 2-4 7-1 7-2 7-3 7-4 9-1 9-2 9-3 9-4	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  N-M N-M N-M N-M N-M N-M N-M N-M N-M N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further basis, enter the basis of the b	additional information
of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Color of the co	entered into o a primary trans simulcasts, also iree categories e location of ea Canadian static ing multiple change.  2. B'CAST CHANNEL NUMBER  2-1  2-2  2-3  2-4  7-1  7-2  7-3  7-4  9-1  9-2  9-3  9-4  9-5	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  N-M N-M N-M N-M N-M N-M N-M N-M N-M N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further do in the paper SA3 form. It to which the station is licensed by the mythich the station is identified. In the channel line-up.  6. LOCATION OF STATION  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA  CEDAR RAPIDS, IA	additional information
of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Co	entered into o a primary trans simulcasts, also ince categories e location of ea Canadian static in multiple characteristics. Channel 2. B'CAST CHANNEL NUMBER 2-1 2-2 2-3 2-4 7-1 7-2 7-3 7-4 9-1 9-2 9-3 9-4 9-5 9 6	mitter or an aco enter "E". If , see page (v) ch station. Foons, if any, givenel line-ups,  CHANN 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	ssociation repreyou carried the of the general for U.S. stations, the the name of the use a separate to the se	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further and in the paper SA3 form. It to which the station is licensed by the name of the station is identified. It channel line-up.  6. LOCATION OF STATION  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA  CEDAR RAPIDS, IA	additional information
of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Co	entered into o a primary trans simulcasts, also ince categories e location of ea Canadian static ing multiple change.  2. B'CAST CHANNEL NUMBER  2-1  2-2  2-3  2-4  7-1  7-2  7-3  7-4  9-1  9-2  9-3  9-4  9-5  9 6  28-1	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  N-M N-M N-M N-M N-M N-M N-M N-M N-M N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further do in the paper SA3 form. It to which the station is licensed by the mythich the station is identified. In the channel line-up.  6. LOCATION OF STATION  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA  CEDAR RAPIDS, IA	additional information
of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Color of the co	entered into o a primary trans simulcasts, also ince categories e location of ea Canadian static ing multiple chart channel.  2. B'CAST CHANNEL NUMBER  2-1  2-2  2-3  2-4  7-1  7-2  7-3  7-4  9-1  9-2  9-3  9-4  9-5  9 6  28-1  28-2	mitter or an aco enter "E". If , see page (v) ch station. Foons, if any, givenel line-ups,  CHANN 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	ssociation repreyou carried the of the general for U.S. stations, the the name of the use a separate to the se	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further do in the paper SA3 form. It to which the station is licensed by the mybrid which the station is identified. In the paper SA3 form. It to which the station is identified. It channel line-up.  6. LOCATION OF STATION  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA  CEDAR RAPIDS, IA	additional information
of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC	entered into o a primary trans simulcasts, also ince categories e location of ea Canadian static ing multiple change.  2. B'CAST CHANNEL NUMBER  2-1  2-2  2-3  2-4  7-1  7-2  7-3  7-4  9-1  9-2  9-3  9-4  9-5  9 6  28-1	mitter or an aco enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  N-M N-M N-M N-M N-M N-M N-M N-M N-M N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	esenting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ry transmitter, enter the designather basis, enter "O." For a further do in the paper SA3 form. It to which the station is licensed by the mythich the station is identified. In the channel line-up.  6. LOCATION OF STATION  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  CEDAR RAPIDS, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA  WATERLOO, IA  CEDAR RAPIDS, IA	additional information

FORM SA3E. PAGE 3.						NG PERIOD: 2020/
LEGAL NAME OF OWN					SYSTEM ID# 61054	Name
ImOn Commun					61034	
carried by your cable s FCC rules and regulat	G, identify every system during to ions in effect or	y television st he accounting n June 24, 19	period, except 81, permitting th	(1) stations carrine carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba	sis, as explaine	d in the next	paragraph.	( // / / // // // // // // // // // // /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0	CC rules, regula	ations, or auth	orizations:		nent and Program Log)—if the	relevision
	and also in spa formation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
Column 1: List eac each multicast stream	ch station's call associated with	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	•		tion for broadcasting over-the-air in may be different from the channel	
educational station, by	e in each case vertering the le	whether the st etter "N" (for n	etwork), "N-M" (	for network multion	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	ese terms, see ation is outside	page (v) of the the local serv	e general instructice area, (i.e. "c	ctions located in t distant"), enter "Y	he paper SA3 form. es". If not, enter "No". For an ex-	
Column 5: If you h cable system carried t carried the distant stat	ave entered "Yohe distant station ion on a part-tii	es" in column on during the me basis beca	4, you must con accounting perion ause of lack of a	mplete column 5, od. Indicate by er activated channel	stating the basis on which your ntering "LAC" if your cable system	
the cable system and tion "E" (exempt). For explanation of these th	a primary trans simulcasts, also nree categories	mitter or an a o enter "E". If , see page (v)	ssociation repre you carried the ) of the general	senting the prima channel on any c instructions locate	rstem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  by to which the station is licensed by the	
	Canadian statio	ns, if any, giv	e the name of th	ne community wit	h which the station is identifed.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KRINHD	32-1	N-M	No	(II Distant)	WATERLOO, IA	
KRINHD1	32-2	N-M	No		WATERLOO, IA	
KRINHD2	32-3	N-M	No		WATERLOO, IA	
KRINHD3	32-4	N-M	No		WATERLOO, IA	
		1				

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61054 ImOn Communications, LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2020/1
LEGAL NAME OF OWNER OF ImOn Communications		FEM:					S	YSTEM ID# 61054	Name
SUBSTITUTE CARRIAGE In General: In space I, ident					n that vour	cable	svstem o	arried on a	ı
substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
broadcast by a distant state  Note: If your answer is "No	tion?	•	•	•			Yes	⊠No	Statement and Program Log
log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA titute progra tice, please a of every noi distant stati gulations, o tion. Do no Lucy" or "NE m was broad sign of the s adcast static hadian static hadian static re "S/7." es when the Example: a er "R" if the and regulation orgramming	MS Im on a separa attach addition nnetwork telev ion and that you r authorization t use general of BA Basketball: deast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	Inte line. Use abbreviations wall pages. Ision program (substitute pour cable system substitute pour cable system substitute so the second of the generategories like "movies", or 76ers vs. Bulls." refees." Otherwise enter "Nesting the substitute programe community to which the community with which the stem carried the substitute pour capt of the system from 6:01:10 was substituted for programing the accounting period	wherever pos rogram) that, d for the progeral instructio "basketball".  o." m. station is lice station is iden program. Use stable system. 5 p.m. to 6:2 mming that ye enter the let under FCC re	sible, if the during the ramming one located List spectonsed by the stiffied). In the section of	eir me acco of ano d in the ific pre , with mes a shoul n was ne liste egular	eaning is punting other statice paper ogram  C or, in the mont accurately d be required ed protions in	on h	
s		E PROGRAM		CARR	IAGE OC	CURF	RED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIME —	TO	DELETION	
	<del> </del>								
						_			
						-=-			
							<b>.</b> _		

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | ImOn Communications, LLC | 61054

## J

### Part-Time Carriage Log

### PART-TIME CARRIAGE LOG

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

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

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

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

		DAT	ES A	AND HOURS (	OF F	PART-TIME CAF	RRIAGE			
CALL SIGN	WHEN	I CARRIAGE OC				CALL SIGN WHEN CARRIAGE OCCU				
	DATE	FROM	URS	S TO			DATE	FROM	OURS	TO
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	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
	On Communications, LLC			61054	Name
Ins all a (as	tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seccidentifed in space E) during the accounting period. For a further explanation of how to ge (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ondary t	transmissi	on service unt, see	<b>K</b> Gross Receipts
IMF	during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of	982,913.04 gross receipts)	
• Cor • Cor • If your fee • If you	YRIGHT ROYALTY FEE  uctions: Use the blocks in this space L to determine the royalty fee you owe:  mplete block 1, showing your minimum fee.  mplete block 2, showing whether your system carried any distant television stations.  our system did not carry any distant television stations, leave block 3 blank. Enter the ar  from block 1 on line 1 of block 4, and calculate the total royalty fee.  our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below.	be enter	ed on line	1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered	d on line 2	in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be	entered or	ı line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.		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 Enter the result here.		\$	982,913.04	
	This is your minimum fee.	\$		10,458.19	
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 period Yes—Complete the DSE schedule.  x No—Leave block 3 below blank and the space of the space o	mn 4, yo	ou must ch	eck	
Block	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$		
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00	
	Line 3. Add lines 1 and 2 and enter	\$		_	
	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee				
Block 4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	•	\$	10,458.19	Cable systems
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	Cable systems submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE		\$	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		11,183.19	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form and the Excel instructions to		,		

Nama	LEGAL NAME OF OWNER OF CAE	BLE SYSTEM:	SYSTEM ID#
Name	ImOn Communications	s, LLC	61054
	CHANNELS		
М	Instructions: You must g	ive (1) the number of channels on which the cable system carried television broadcast	stations
	to its subscribers and (2)	the cable system's total number of activated channels, during the accounting period.	
Channels		F	
Instructions: You must give (1) the number of channels on w to its subscribers and (2) the cable system's total number of a 1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast static and nonbroadcast services.    N			13
	system carried television	n broadcast stations	
	2. Enter the total number	of activated channels	
	on which the cable syste	em carried television broadcast stations	201
	and nonbroadcast servi	ces	201
N		ITACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
Individual to	we can contact about this	statement of account.)	
for Further	Name Jake Ryan	Telephone 3	319-261-4643
Information			
	Address 101 3rd Av	e SW, Suite 400	
	(Number, street, ru	ural route, apartment, or suite number)	
	(Oity, town, state, .	(24)	
	Email	Fax (optional)	
	CERTIFICATION (This star	tement of account must be certifed and signed in accordance with Copyright Office regi	ulations.
0			
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)	
	(Owner other than cor	poration or partnership) I am the owner of the cable system as identifed in line 1 of space	B; or
		than corporation or partnership) I am the duly authorized agent of the owner of the cable and that the owner is not a corporation or partnership; or	system as identified
	_		***
		m an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow	ner of the cable system
	·		
		ment of account and hereby declare under penalty of law that all statements of fact containe rect to the best of my knowledge, information, and belief, and are made in good faith.	ed herein
	T		
	_		
		,	
		/s/ Patrice M Carroll	
	Ente	er an electronic signature on the line above using an "/s/" signature to certify this statement.	
	(e.g.	., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor	
	"F2"	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus	compatibility settings.
	Тур	ed or printed name: Patrice M Carroll	
	Title	: CEO & President	
	7140	(Title of official position held in corporation or partnership)	
	Date	e: August 21, 2020	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
ImOn Communications, LLC	61054	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shat scribers and amounts collected from subscribers receiving secondary transmissions pursuant to For more information on when to exclude these amounts, see the note on page (vii) of the general instead paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?  X NO	n for the basic ill not include sub- o section 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	nterest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyri please list below the owner, address, first community served, accounting period, and ID number as giving.	~	
Owner Address		
First community served Accounting period ID number		

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

ACCOUNTING PERIOD: 2020/1

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

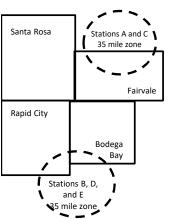
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE:**

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2020/1** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CABL	NAME OF OWNER OF CABLE SYSTEM: SYSTEI										
1	ImOn Communications,	LLC				61054						
	SUM OF DSEs OF CATEGOR											
	<ul> <li>Add the DSEs of each station</li> </ul>											
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00							
	Instructions:			-		l						
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by t	the letter "O" in column 5							
	of space G (page 3).											
Computation	In the column headed "DSE"	': for each indep	endent station, give the DSI	as "1.0"; for	each network or noncom-							
of DSEs for Category "O"	mercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary.												
Remember to copy												
all formula into new												
rows.												
10W3.												
	0.00.00.00.00.00.00.00.00.00.00.00.00.0											
				<b>3</b>		(11111111111111111111111111111111111111						

Name	ImOn Commun	er of Cable System: ications, LLC					S	YSTEM ID# 61054		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity		С	ATEGORY LAC	STATIONS: 0	COMPUTATI	ON OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. NI JRS O ED BY S	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	iΕ		
			÷	=		x	=			
			÷ ÷	=		x x	=			
			÷	=		x	=			
			÷ ÷	=		x x	=			
			÷	=		x	=			
	Add the DSEs of ea	CATEGORY LAC S ach station. here and in line 2 of pa		Э,	▶	0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect o     Broadcast one of space I).     Column 2: For at your option. This Column 3: Enter Column 4: Divided to the column 4: Divided to t	your system in subst in October 19, 1976 ( or more live, nonnetwone each station give the stigure should correst or the number of days de the figure in colum	itution for a program as shown by the lett ork programs during number of live, non spond with the informs in the calendar yean 2 by the figure in a	that your system er "P" in column 7 that optional carrie network programs nation in space I. r: 365, except in a column 3, and giv	was permitted to of space I); and ge (as shown by carried in substates a leap year. the the result in co	rograms) if that station: o delete under FCC rule: d the word "Yes" in column titution for programs that blumn 4. Round to no les the general instructions in	2 of were deleted s than the third	·m).		
	_	SU	BSTITUTE-BAS	IS STATIONS	: COMPUTA	ATION OF DSEs				
	SIGN	NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷		=				=		
		÷		=				=		
		-		=				=		
		÷ ÷		=				=		
	Add the DSEs of ea	SUBSTITUTE-BASI ach station. lere and in line 3 of pa		9,	▶	0.00				
<b>5</b> Total Number of DSEs		plicable to your systen Es from part 2● Es from part 3●		in parts 2, 3, and	4 of this schedule	e and add them to provide	0.00 0.00 0.00			
	TOTAL NUMBER O	·						0.00		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

	OWNER OF CABLE						S'	YSTEM ID#	Name
IIIIOII COMMI	unications, LLC							61054	
In block A: • If your answer i schedule.	ock A must be com	emainder of p	•	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
• If your answer i	f "No," complete bl			ELEVISION M.	ARKFTS				Computation of
effect on June 24	em located wholly o l, 1981? nplete part 8 of the plete blocks B and	outside of all	major and sma	aller markets as de	fined under s		·	gulations in	3.75 Fee
		BLOG	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: Ti	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see tl	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carrive 76.61(b)(c)] B Specialty static C Noncomeric D Grandfatheree instructions for E Carried pursu *F A station president of the station president in the station in the s	ules and reguled pursuant to as defined to all educations of the state	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(	ose in effect of 6.57, 76.59(b)  (e)(1), 76.63(a)  (e)(3) referring the batitution of goods are said to be sai	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) irandfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter th	e total number of	DSEs from	part 5 of this	schedule			,		
Line 2: Enter th	e sum of permitte	ed DSEs from	m block B ab	ove			,		
	t line 2 from line ? leave lines 4–7 b			•		rate.		0.00	
Line 4: Enter gr	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply	line 4 by 0.0375	and enter s	ım here				. X		permited/ partially nonpermitted
Line 6: Enter to	tal number of DS	Es from line	3				,	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)	)		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  ImOn Communications, LLC  61054									
		BLOCK	A: TELEVIS	ION MARKET	S (CONTIN	UED)	1	I	_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									3.73166
<mark></mark>									
						***************************************			
***************************************									
						•			
						•			
				•					
			T			T			1

Name	ImOn Commun								S	**************************************	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the F- A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca gener Column 5: Indicate Column 6: Compar in block	or to June 25, call sign for eather DSE for the DSE for the date of the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). Consider the station's I e the DSE figure 18, column 3 distributions of the station's I information you information you	1981, under former ach distant station nis station for a sir g period and year arriage on which t regulations cited by mming: Carriage, ()(1), or 76.63 (refe Carriage under FC certain FCC rules, in the paper SA3 DSE for the curren ures listed in column of part 6 for this state ungive in columns	er FCC rules go- identifed by the igle accounting in which the can he station was ce lelow pertain to on a part-time b rring to 76.61(e C rules, section regulations, or form. t accounting pe ins 2 and 5 and ation. 2, 3, and 4 mus	verries per rrias carr tho- easis (1) s 7 aut	entifed by the letter "F" ning part-time and subter "F" in column 2 of priod, occurring between ge and DSE occurred ried by listing one of the se in effect on June 24 s, of specialty program (a).  16.59(d)(3), 76.61(e)(3) thorizations. For further das computed in parts the smaller of the two see accurate and is subjections.	stitute carri part 6 of the n January 1 (e.g., 1981) e following 4, 1981. nming unde n, or 76.63 ( r explanation 2, 3, and 4 o figures he	age. DSE schedule, 1978 and Jun (1) letters  r FCC rules, se referring to on, see page (v of this schedule. This figure	ene 30, 19 ections vi) of the should be	981 ne enterei	
PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS  1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED									EDMITTED		
							DSE				
	51514	502		LINOB		O/ II II II/ IOL		302		B0E	
<b>7</b> Computation of the Syndicated Exclusivity	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.										
Surcharge	Is any portion of the or	cable system v	vithin a top 100 maj	or television ma	rket	t as defned by section 7	6.5 of FCC	rules in effect J	lune 24,	1981?	
	Yes—Complete	blocks B and	IC.			X No—Proceed to	part 8				
	· ·				— r						
	BLOCK B: C	arriage of VHI	-/Grade B Contou	r Stations		BLOCK	C: Compu	C: Computation of Exempt DSEs			
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Was any station listed in block B of part 7 carried in ity served by the cable system prior to March 31, to former FCC rule 76.159)										
	Yes—List each s  X No—Enter zero a		th its appropriate pe part 8.	rmitted DSE		Yes—List each st  X No—Enter zero a			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE	
		-									
		-									
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	ImOn Communications, LLC	61054	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	982,913.04	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name			SYSTEM ID#							
		ImOn Communications, LLC	61054							
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$								
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$								
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge	<u></u> .							
	1 1									
8		<b>ctions:</b> nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B;  however, if block A of pa	art							
0		checked "Yes," use the total number of DSEs from part 5.								
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of		ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belock B.	OW							
Base Rate Fee	blank	С.								
	What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers									
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions									
	service area," see page (v) of the general instructions.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	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)	)4							
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ■ 0.	00							
		use the total number of BSES from part 3.).	<u> </u>							
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.								
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts								
		(the amount in section 1)								
		B. Enter 0.00701 of gross receipts								
		(the amount in section 1) ▶ \$ 6,890.22								
		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								
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee	_							

DSE SCH	HEDULE. PAGE 17. ACCOUNTING	6 PERIOD: 2020/1
	AME OF OWNER OF CABLE SYSTEM:  Communications, LLC  61054	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
·	A. Enter 0.01064 of gross receipts  (the amount in section 1)   ▶\$	8
	B. Enter 0.00701 of gross receipts (the amount in section 1)	Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here	Dase Nate Fee
	D. Enter 0.00330 of gross receipts  (the amount in section 1)  \$\bigsim \bigsim \bigsi	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee  \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
receipts	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this 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 the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	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 part 7, you must empute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and

### How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- · Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

for Partially Permitted Stations

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61054 ImOn Communications, LLC 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.

mOn Communic	ations, L	LC				J	YSTEM ID# 61054	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GROU	JP	^
OMMUNITY/ AREA	Cedar	Rapids Iowa Meti	ro	COMMUNITY/ AREA	9 Computa			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv Surchar
								for
								Partiall
								Distan
								Station
		H						
		_						
otal DSEs	!	-	0.00	Total DSEs	•		0.00	
Gross Receipts First (	Group	\$ 982	2,913.04	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		H						
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Sase Rate Fee: Add t	he <b>base ra</b>	te fees for each subs	criber group	as shown in the boxes	above.			
inter here and in bloc			. 3.046			\$	0.00	

LEGAL NAME OF OWNE						S	YSTEM ID# 61054	Name
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		RIBER GROUP  SUBSCRIBER GROUP	JP.	
COMMUNITY/ AREA				COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 982	,913.04	Gross Receipts Secon	nd Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	JP	
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 (	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$	0.00	

ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name ImOn Communications, LLC 61054 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown