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.

## 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						
	\$						
	ALLOCATION NUMBER						
1-15-21							

## SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2020/2										
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco	ss of the cable syster on the last day of to	em. he accounting period should so								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	Guadalupe Valley Communications Systems										
				304342020/2 30434 2020/2							
	36101 FM 3159 New Braunfels, TX 78132-5900										
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•									
	names already appear in space B. In line 2, give the mailing address of	of the system, if di	fferent from the address gi	ven in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 (Number, street, rural route, apartment, or suite number)										
	(City, town, state, zip code)										
D				aslist on none 4b							
	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify with all communities.	y only the fist con	imunity served below and i	Telist on page 1b							
Area Served	CITY OR TOWN	STATE									
First	BOERNE	TX									
Community	Below is a sample for reporting communities if you report multiple ch	l nannel line-ups in	Space 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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Guadalupe Valley Communications Systems 30434									
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
BOERNE	TX	Α		First					
BULVERDE	TX	A		Community					
CANYON LAKE	TX	A							
FAIR OAKS INDIAN HILLS	TX TX	A A							
TAPATIO SPRINGS	TX	A		Cara in about the safe sa					
GONZALES	TX	A		See instructions for additional information					
BLANCO	TX	В		on alphabetization.					
				Add rows as necessary.					
				Add rows as necessary.					
			***************************************						
			***************************************						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Guadalupe Valley Communications Systems

SYSTEM ID#

30434

# 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.

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential: • Service to first set	14,446	\$	36.95	BULK BASIC 5 YR	415	\$	25.95
Service to additional set(s)				BULK BASIC 10 YR	490	\$	9.95
<ul> <li>FM radio (if separate rate)</li> </ul>				BULK BASIC 10 YR	135	\$	15.95
Motel, hotel	57	\$	18.95	BULK BASIC 10 YR	14	\$	18.95
Commercial				BULK BASIC ICB	852	\$	7.00
Converter				EMPLOYEE PKG	85	\$	9.95
Residential							
Non-residential							

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2						
CATEGORY OF SERVICE	E RATE CATEGORY OF SERVICE RATE						CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	14.95	Motel, hotel	\$	45.00			
<ul> <li>Pay cable—add'l channel</li> </ul>	\$	13.00	Commercial	\$	45.00			
<ul> <li>Fire protection</li> </ul>			• Pay cable	\$	4.00			
•Burglar protection			• Pay cable-add'l channel \$					
Installation: Residential			Fire protection					
• First set			Burglar protection					
<ul><li>Additional set(s)</li></ul>			Other services:					
•FM radio (if separate rate)			Reconnect	\$	45.00			
Converter			Disconnect					
			Outlet relocation	\$	70.00			
			<ul> <li>Move to new address</li> </ul>	\$	30.00			

•		STEM:			SYSTEM ID#	Name
Guadalupe Valley Communications Systems 304						Name
PRIMARY TRANSM	ITTERS: TELEVISION	ON				
carried by your cab FCC rules and reg 76.59(d)(2) and (4) substitute program Substitute Bas basis under specific • Do not list the sta station was carr • List the station he basis. For furthe in the paper SA Column 1: List each multicast stre cast stream as "WI WETA-simulcast). Column 2: Give its community of lic on which your cabl Column 3: Indie educational station (for independent m For the meaning of Column 4: If th planation of local s Column 5: If yo cable system carried carried the distant For the retransr of a written agreem the cable system a tion "E" (exempt). If explanation of thes	ole system during to ulations in effect on particulations in effect on particulations in effect on particulations. With the FCC rules, regulation here in space ried only on a substance, and also in spacer information conductions. The each station's call each station's call each station's call each station's call each case. For example e system carried the cate in each case on the each case of these terms, see the station is outside ervice area, see pour have entered "Yeld the distant station on a part-time station on a part-time in the entered into our and a primary transfer simulcasts, also three categories are three categories.	the accounting on June 24, 19 (4), or 76.63 (4), or authors,	g period, except paragraph. Paragraph. Py distant station porizations: Static it in space I (the station was carried it it be reported in the sassigned to pannel 4 in Was paragraph. Py distant station is a network paragraph. Py distance area, (i.e. "general instruction 4, you must contact a counting perions of lack of	(1) stations carriche carriage of cere (a) (a) and (b) (b); as carried by your me Special Statemed both on a substant, see page (v) on program service ver-the-air design column 1 (list eather television statement of the television statement of "E-M" (for none to the television of the television of the television of the television statement of "E-M" (for none to the television of the tele	ty payment because it is the subject vistem or an association representing ary transmitter, enter the designation basis, enter "O." For a further	Primary Transmitters: Television
FCC. For Mexican	or Canadian station	nch station. Fo	or U.S. stations, we the name of t	list the communi he community wit	ed in the paper SA3 form.  ty to which the station is licensed by the  th which the station is identifed.  channel line-up.	
FCC. For Mexican	or Canadian station	nch station. Fo ons, if any, giv nnel line-ups,	or U.S. stations, we the name of t	list the communi he community wit space G for eacl	ty to which the station is licensed by the the which the station is identifed.	_
FCC. For Mexican	or Canadian station	nch station. Fo ons, if any, giv nnel line-ups,	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the the which the station is identifed.	
FCC. For Mexican Note: If you are uti  1. CALL SIGN	or Canadian station ilizing multiple cha  2. B'CAST CHANNEL	ch station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	list the community with space G for each AA 5. BASIS OF	ty to which the station is licensed by the the which the station is identifed. In channel line-up.	
FCC. For Mexican Note: If you are uti  1. CALL SIGN  KCWY-DT	or Canadian static ilizing multiple cha 2. B'CAST CHANNEL NUMBER	ch station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION	
FCC. For Mexican Note: If you are uti  1. CALL SIGN  KCWY-DT  KMYS-DT	2. B'CAST CHANNEL NUMBER	ch station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX	
FCC. For Mexican Note: If you are uti  1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT	2. B'CAST CHANNEL NUMBER 5 32	ch station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX  SAN ANTONIO, TX	
FCC. For Mexican Note: If you are uti  1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT	2. B'CAST CHANNEL NUMBER 5 32 48	ch station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX SAN ANTONIO, TX	additional information
FCC. For Mexican Note: If you are uti  1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT  KPXL-DT	2. B'CAST CHANNEL NUMBER 5 32 48 39	ch station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX	additional information
FCC. For Mexican Note: If you are uti  1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT  KPXL-DT  KWEX-DT	2. B'CAST CHANNEL NUMBER  5 32 48 39 26	ch station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX	additional information
FCC. For Mexican Note: If you are uti  1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT  KPXL-DT  KWEX-DT  KLRN-DT	2. B'CAST CHANNEL NUMBER  5 32 48 39 26 41	ach station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  N  I  I	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX	additional information
FCC. For Mexican Note: If you are uti  1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT  KPXL-DT  KWEX-DT  KURN-DT  KVDA-DT	2. B'CAST CHANNEL NUMBER  5 32 48 39 26 41	ach station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  N  I  I	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX	additional information
FCC. For Mexican Note: If you are uti  1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT  KPXL-DT  KWEX-DT  KURN-DT  KVDA-DT  KABB-DT	2. B'CAST CHANNEL NUMBER  5 32 48 39 26 41 9 38	ach station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  N  I  I	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX	additional information
1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT  KPXL-DT  KWEX-DT  KURN-DT  KLRN-DT  KVDA-DT  KABB-DT  KSAT-DT	2. B'CAST CHANNEL NUMBER  5 32 48 39 26 41 9 38 30	ach station. Forms, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  N  I  I  E  I	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX	additional information
1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT  KPXL-DT  KWEX-DT  KVDA-DT  KABB-DT  KSAT-DT  KHCE-DT	2. B'CAST CHANNEL NUMBER  5 32 48 39 26 41 9 38 30 12	ach station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  N  I  I  N  N  N  I  I  N  N  N	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX	additional information
1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT  KPXL-DT  KWEX-DT  KLRN-DT  KVDA-DT  KABB-DT  KSAT-DT  KHCE-DT	2. B'CAST CHANNEL NUMBER  5 32 48 39 26 41 9 38 30 12 16	ach station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  N  I  I  N  N  N  I  I  N  N  N	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX	additional information
1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT  KPXL-DT  KWEX-DT  KLRN-DT  KVDA-DT  KABB-DT  KSAT-DT	2. B'CAST CHANNEL NUMBER  5 32 48 39 26 41 9 38 30 12 16	ach station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  N  I  I  N  N  N  I  I  N  N  N	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX	additional information
1. CALL SIGN  KCWY-DT  KMYS-DT  WOAI-DT  KENS-DT  KPXL-DT  KWEX-DT  KVDA-DT  KABB-DT  KSAT-DT  KHCE-DT	2. B'CAST CHANNEL NUMBER  5 32 48 39 26 41 9 38 30 12 16	ach station. For ons, if any, given nel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  N  I  I  N  N  N  I  I  N  N  N	ve the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community with space G for each AA  5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  FREDERICKSBURG, TX SAN ANTONIO, TX	additional information

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) OF CARRIAGE **NUMBER STATION** (If Distant) KXAN-DT 21 **AUSTIN, TX** Ν **KEYE-DT** 43 Ν AUSTIN, TX KLRU-DT 22 Ε **AUSTIN, TX** KNVA-DT 49 **AUSTIN, TX** ı KSAT-DT 12 Ν SAN ANTONIO, TX N KVWE-DT 33 **AUSTIN, TX KBVO AUSTIN, TX** 27 ı Ν KTBC-DT 7 **AUSTIN, TX** 18 ı SAN ANTONIO, TX KNIC-DT KHCE-DT 16 Ε SAN ANTONIO, TX KPXL-DT 26 SAN ANTONIO, TX ı SAN ANTONIO, TX KVDA-DT 38 ı **KWEX-DT** SAN ANTONIO, TX 41 ı

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
Guadalupe Val	ley Commu	nications S	Systems		30434	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul>							
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).							
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)			

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#		
Guadalupe Val	ley Commu	nications S	Systems		30434	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and ( sis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television	
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>							
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).							
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the state planation of local serve Column 5: If you he cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	e in each case of entering the lecast), "E" (for no ese terms, see tation is outside ice area, see phave entered "Yhe distant station on a part-tision of a distant entered into on a primary trans simulcasts, also ree categories	whether the setter "N" (for nationcommercial page (v) of the ethe local servage (v) of the es" in column on during the eme basis becaute multicast structure or an auto enter "E". If a see page (v)	etwork), "N-M" (all educational), or general instruction 4, you must conaccounting perioduse of lack of a eam that is not sune 30, 2009, be association repression of the general	(for network multion "E-M" (for noncontions located in the distant"), enter "Y tions located in the mplete column 5, and Indicate by enactivated channel subject to a royalt etween a cable sy esenting the prima channel on any of instructions located.	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.		
	Canadian statio	ons, if any, giv	e the name of t	he community wit	ty to which the station is licensed by the h which the station is identifed. In channel line-up.		
		CHANN	EL LINE-UP	AG			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
***************************************							
		Ī		I		Ī	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AH 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
Guadalupe Val	ley Commu	nications S	Systems		30434	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis							
station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).							
Column 2: Give the its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
(for independent multi- For the meaning of the <b>Column 4:</b> If the st	cast), "E" (for n ese terms, see ation is outside	oncommercian page (v) of the the local ser	al educational), de general instru vice area, (i.e. "	or "E-M" (for nonc ctions located in t distant"), enter "Y	ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-		
_	ave entered "Y he distant station	es" in column on during the	4, you must co	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system		
For the retransmiss of a written agreement	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing transmitter, enter the designa-		
tion "E" (exempt). For explanation of these the	simulcasts, als ree categories	o enter "E". If , see page (v	you carried the ) of the general	channel on any o	ther basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the		
	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.		
		CHANN	EL LINE-UP	AQ			
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		
			•				

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#		
Guadalupe Val	ley Commu	nications \$	Systems		30434	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and easies, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a  cable system on a substitute program	Primary Transmitters: Television	
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example							
			-		tion for broadcasting over-the-air in s may be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	noncommercia page (v) of th	al educational), one general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).		
planation of local serv  Column 5: If you h	rice area, see p nave entered "Y	age (v) of the 'es" in columr	general instruc a 4, you must co	tions located in th mplete column 5,			
carried the distant star	tion on a part-ti sion of a distan	me basis bec t multicast str	ause of lack of a	activated channel subject to a royalt			
the cable system and tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repression you carried the	esenting the prima channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.		
Column 6: Give th	e location of ea Canadian station	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	ty to which the station is licensed by the handle had been had been had been been the station is identifed.		
		CHANN	EL LINE-UP	AR			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1	
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)	O. LOCATION OF GTATION		
***************************************							
***************************************							

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#		
Guadalupe Val	ley Commu	nications \$	Systems		30434	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>							
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example							
			-		tion for broadcasting over-the-air in smay be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).		
planation of local serv  Column 5: If you h	rice area, see p nave entered "Y	age (v) of the 'es" in columr	general instruc a 4, you must co	tions located in th mplete column 5,			
carried the distant star	tion on a part-ti sion of a distan	me basis bec t multicast str	ause of lack of a eam that is not	activated channel subject to a royalt	, ,		
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.		
Column 6: Give th	e location of ea Canadian station	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	y to which the station is licensed by the handle had been station is identifed.		
		CHANN	EL LINE-UP	AT		1	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)	o. 200/Mon or or/mon		
						,	

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#		
Guadalupe Val	ley Commu	nications \$	Systems		30434	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and easies, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a  cable system on a substitute program	Primary Transmitters: Television	
Do not list the station	pasis under specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.						
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located		
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example		
			-		tion for broadcasting over-the-air in s may be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	oncommercia page (v) of th	al educational), one general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).		
planation of local serv  Column 5: If you h	rice area, see p nave entered "Y	age (v) of the es" in columr	general instruc a 4, you must co	tions located in th mplete column 5,			
carried the distant star	tion on a part-ti sion of a distan	me basis bec t multicast str	ause of lack of a	activated channel subject to a royalt			
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.		
Column 6: Give th	e location of ea Canadian station	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	ty to which the station is licensed by the handle had been had been had been been the station is identifed.		
		CHANN	EL LINE-UP	AU			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)	o. 200/Mon or or/mon		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30434 **Guadalupe Valley Communications Systems** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Guadalupe Val	ley Commu	nications S	Systems		30434	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	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
Do not list the station	basis under specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.					
<ul> <li>List the station here, basis. For further ir in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	tion for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multi- For the meaning of the <b>Column 4:</b> If the st planation of local servicely Column 5: If you h	entering the lecast), "E" (for neese terms, see tation is outside ice area, see parte entered "Y	etter "N" (for noncommercial page (v) of the the local serege (v) of the es" in column	etwork), "N-M" ( al educational), on the general instruction vice area, (i.e. " general instruction 4, you must co	(for network multicor "E-M" (for noncontions located in the distant"), enter "Yetions located in the mplete column 5,	es". If not, enter "No". For an ex-	
carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For	ion on a part-til sion of a distant t entered into o a primary trans simulcasts, als	me basis bec t multicast str n or before Ju mitter or an a o enter "E". If	ause of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the	activated channel subject to a royalty etween a cable symptom channel on any o	, ,	
Column 6: Give th	e location of ea Canadian statio	ich station. Fo	or U.S. stations, re the name of the	list the communit he community witl	y to which the station is licensed by the n which the station is identifed.	
		CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 30434 **Guadalupe Valley Communications Systems** 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				S	YSTEM ID#	
Guadalupe Valley Con	nmunicati	ons System	S				30434	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	3				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former F0	a distant stati CC rules, regu	ılations, or autho	orizations.	For a further	Substitute
1. SPECIAL STATEMEN	Γ CONCER	NING SUBST	TITUTE CARRIAGE					Carriage:
During the accounting per broadcast by a distant state	•	ır cable systen	n carry, on a substitute bas	is, any nonne		n progran		Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete th	e prograr	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please and every not distant state gulations, of the state and and state and and day we "5/7."  The state and the state and the and the example: a state and regulation of the state and regulations of the state and regulation of the sta	am on a separa attach addition nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broadcon's location (tons, if any, the when your system of the program carrolisted program carrols in effect designation on the program on the program on the program carrols in effect designation and the program on the program of the program on the program of the	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Pasting the substitute prograte community to which the community with which the stem carried the substitute or gram was carried by your ied by a system from 6:01:	program) that and for the program that instruction is lice station is lice program. Use cable system 15 p.m. to 6:2 amming that in the left instruction is ide program. The first p.m. to 6:2 amming that instruction is lice and instruction is lice amming that instruction is lice and instruction in the lice and instruction is lice and instruction in the lice and instruction is lice and instruction in the lice and instruction is lice and instruction in the lice	e, during the according and an ions located in the constant of	counting to the repair of the more accurated all be steed pro	tion hth ly	
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTIAGE OCCURI		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —		DELETION	
					_			
					_			
					_			
					_			
					_			
					_			
					_			
					_			

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Guadalupe Valley Communications Systems** 30434 **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-J 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 **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM FROM** TO DATE TO DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Gua	adalupe Valley Communications Systems		30434	Name
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ondary transm	nission service	K Gross Receipts
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	(Amoun	t of gross receipts)	
<ul><li>Instru</li><li>Con</li><li>Con</li><li>If yo fee t</li><li>If yo</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. applete block 2, showing whether your system carried any distant television stations. For any distant television stations, leave block 3 blank. Enter the arrom block 1 on line 1 of block 4, and calculate the total royalty fee. For any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $k = 1$ 8 below.	e entered on I	line 1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ellow	entered on line	e 2 in block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entere	d on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064			
	Enter the result here. This is your minimum fee.	•	32,388.47	
	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 colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	nn 4, you mus	st check	
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	_\$	-	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	\$	32,388.47	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	_	0.00	additional deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	33,113.47	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) o	of the	additional 1665.

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Guadalupe Valley Communications Systems	30434							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
C.I.d.III.O.G	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	Enter the total number of activated channels								
	on which the cable system carried television broadcast stations and nonbroadcast services								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Be Contacted for Further Information	Name Darlyn Brown Telephone 830-885-8381								
	Address 36101 FM 3159  (Number, street, rural route, apartment, or suite number)								
	New Braunfels, TX 78132-5900 (City, town, state, zip)								
	Email darlyn.brown@gvtc.net Fax (optional) 830-885-8263								
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.	į.							
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>								
	X /s/ Robert A. Hunt								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	<sup>-</sup> 2"							
	Typed or printed name: Robert A. Hunt								
	Title: V.P. Regulatory Affairs & Business Operations  (Title of official position held in corporation or partnership)								
	Date: January 18, 2021								

**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 this 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)

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I					
Guadalupe Valley Communications Systems 304	Name Name				
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?					
X NO					
YES. Enter the total here and list the satellite carrier(s) below					
Name Mailing Address Mailing Address Mailing Address					
INTEREST ASSESSMENTS					
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q				
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	_				
Line 3 Multiply line 2 by the number of days late and enter the sum here					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)					
(interest charge)					
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.					
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.					
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.					
Owner Address					
First community served					
Accounting period					
ID number					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this 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: 2020/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#									
•	Guadalupe Valley Comm	nunications S	Systems			30434				
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station		NS:							
	Enter the sum here and in line	0.00								
2		n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5								
Computation of DSEs for	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
Category "O"	CATEGORY "O" STATIONS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										

			<b>=</b>
	I		

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

Name		wner of Cable System: alley Communicatio	ns Systems				S	30434
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should of Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	t the call sign of all dista. For each station, give the correspond with the information of For each station, give the Divide the figure in column at least to the third deciration for each independent statue as ".25."  Multiply the figure in column in the column in th	he number of hours y mation given in space he total number of hours imm 2 by the figure in mal point. This is the station, give the "type lumn 4 by the figure in	rour cable systeme J. Calculate on urs that the static column 3, and g 'basis of carriage -value" as "1.0."	n carried the station carried the station on DSE for eactive the result in devalue" for the state of each network give the result in	on during the accounting ach station.  r the air during the accounce accounting the accounce accounts account accounts account accounts accounts account accounts accounts accounts account accounts accounts accounts accounts accounts accounts account accounts account accounts account accounts account account accounts account accounts account account accounts account account accounts account ac	unting period. s figure must cational station, ess than the	
Capacity		C	ATEGORY LAC	STATIONS: (	COMPUTATIO	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS OF	IMBER HOURS ATION I AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DS	E
			÷	=		X	=	
			÷ ÷	=		x	=	
			÷			x		
			÷	=		X	=	
			÷ ÷	=		x	=	
			÷	=		X	=	
	Add the DSEs of	OF CATEGORY LAC Soft each station. The here and in line 2 of page 2.		,		0.00		
Computation of DSEs for Substitute-Basis Stations	space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							
		SU	BSTITUTE-BASI	S STATIONS	S: COMPUTA	TION OF DSEs		
	1. CALL	2. NUMBER	3. NUMBER	4. DSE	1. CALL	2. NUMBER	3. NUMBER	4. DSE
	SIGN	OF PROGRAMS	OF DAYS IN YEAR		SIGN	OF PROGRAMS	OF DAYS IN YEAR	
		÷	=			÷		=
		÷				÷		
		·				÷		
		÷				÷		=
		÷	=			÷		=
	Add the DSEs of	OF SUBSTITUTE-BASI of each station. on here and in line 3 of pa		,	▶	0.00		
5		R OF DSEs: Give the am applicable to your system		in parts 2, 3, and	4 of this schedule	and add them to provide	the total	
Total Number	1. Number of	DSEs from part 2 ●					0.00	
of DSEs		DSEs from part 3 ●			<b>&gt;</b>		0.00	
		DSEs from part 4 ●					0.00	
	TOTAL NUMBER	R OF DSEs				<u> </u>		0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	
Guadalupe Va	lley Communic	cations Sy	stems					30434	Name
Instructions: Bloc In block A: • If your answer if '	•		art 6 and part 7	of the DSE sched	dule blank and	l complete part	8, (page 16) of th	e	6
schedule.  If your answer if '	"No." complete blo	ocks B and C	helow						
'ii your answer ii	140, complete blo			TELEVISION MA	ARKETS				Computation of
Is the cable system effect on June 24,	1981?	utside of all m	najor and small		ned under sed		CC rules and regul	lations in	3.75 Fee
X No—Comp	lete blocks B and	C below.							
		DI O			AUTTED DO	.F.			
				IAGE OF PERM					
Column 1: CALL SIGN	under FCC rules	and regulations  e DSE Scheo	ons prior to Jundule. (Note: The	part 2, 3, and 4 of the 25, 1981. For fure letter M below received action of 2010.)	rther explanati	ion of permitted	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station previous	lles and reguled pursuant to as defined al educational station (76.6 or DSE schedunt to individuviously carrie	ations cited be to the FCC marked in 76.5(kk) (76.5) station [76.5965) (see paragrule). It waiver of FC d on a part-time ithin grade-B co	e or substitute bas ontour, [76.59(d)(5	se in effect on 5.57, 76.59(b), (c)(1), 76.63(a) (3(a) referring estitution of gradius prior to Jun	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	5.63(a) referring to		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 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	
		Е	BLOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	oart 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
Line 3: Subtract (If zero, le				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3				X		carriage?  If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Guadalupe Valley Communications Systems 30434										NI a saa a
					SION MARKETS				I	6
	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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Guadalupe Valley Communications Systems  30434								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
	FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************								
Total DSEs			0.00	Total DSEs			0.00	
	roun	•			h Croup	<u> </u>	_	
Gross Receipts Third G	συρ	<b>v</b>	0.00	Gross Receipts Fourt	п Стоир	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	bove.	\$	0.00	

		BER GROUD	SLIBSCDII	TE EEES EOD EVOL	FRACEDA	COMPUTATION OF	BI OCK A. (	
	JP	SUBSCRIBER GROU		TETELSTOR LAGI		SUBSCRIBER GROU		_
9 Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv								
Surchar for								
Partial								
Distan								
Station								
	0.00			Total DSEs	0.00	-		otal DSEs
		•	d O			•		
	0.00	\$	a Group	Gross Receipts Seco	0.00	\$	oroup	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0 00 1			
			·	Dase Nate 1 ee oeco	0.00	\$	iroup	ase Rate Fee First G
	JP	SUBSCRIBER GROU		Dase Nate Fee 0000		SUBSCRIBER GROU	•	
	JP <b>0</b>	SUBSCRIBER GROU		COMMUNITY/ AREA			•	
		SUBSCRIBER GROU			JP		•	
		SUBSCRIBER GROU			JP		•	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0		EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	CALL SIGN
	DSE		DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE  O.00	SUBSCRIBER GROU	DSE	CALL SIGN  CALL SIGN  Total DSEs
	0 DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs
	0 DSE	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE  O.00	CALL SIGN	SEVENTH	COMMUNITY/ AREA

		DED 000::5	OLIDOGO	TE EEEO EOO = • • • · ·	D 4 0 = 5 :	00MDUTATION 0=	0014.1		
	P	BER GROUP SUBSCRIBER GROU	TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		Bl		
9 Compute	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndica									
Exclusiv			-			-			
Surchar									
for Partial									
Distan									
Station									
	0.00			T DOF	0.00				
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro	
	Р	SUBSCRIBER GROU	TWELVTH		P	SUBSCRIBER GROU	EVENTH	EL	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
			-			-			
			-						
			-						
			<u> </u>						
			<u></u>						
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr	
		Î.				Ī			

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Guadalupe Valley Communications Systems  30434								
				TE FEES FOR EACH					
9	0	SUBSCRIBER GROUP	FOL COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	RTEENTH	THIF COMMUNITY/ AREA		
Computat									
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and Syndicat									
Exclusiv									
Surcharg									
for									
Partially									
Distant Stations									
Stations									
	0.00				0.00				
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Second	0.00	ross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	<b>ase Rate Fee</b> First Gr	
	•	SUBSCRIBER GROUP	IXTEENTH	S	JP	SUBSCRIBER GROL	TEENTH	FII	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	l						·		
	0.00			Total DSEs	0.00			otal DSEs	
		<b>S</b>	Group	Total DSEs  Gross Receipts Fourth	0.00		roup		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs Gross Receipts Third G	

	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH				
9 Compute	0	SUBSCRIBER GROU	DITTECN   M	COMMUNITY/ AREA	0	SUBSCRIBER GROU	I I EEN I M	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			_					
Syndica			-					
Exclusiv								
Surchar for								
Partial			-					
Distan								
Station			-					
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	sross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	P	SUBSCRIBER GROU	WENTIETH			SUBSCRIBER GROU	ITEENTH	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
			-					
	0.00			Tatal DOFa	0.00			intel DOF-
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr
		1				I		

								Guadalupe Valley (
	D			TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	COMMUNITY/ AREA	0	SUBSCRIBER GROU	I Y-FIRST	COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	502	O/ILL GIGIT	562	ONEE GIGIT	502	37 LEE 31314	202	CALL GIGH
and							-	
Syndicat								***************************************
Exclusiv								
Surchar								
for								
Partiall Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	ross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-FOURTH	TWENT	P	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-		
							-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
				l I				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Guadalupe Valley Communications Systems  30434								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GROU	JP	TWE	NTY-SIXTH	SUBSCRIBER GROUP	)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
***************************************								for
								Partially Distant
								Stations
			<u> </u>					Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	ross Receipts First Group \$ 0.00			Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GROU	JP	TWENT	Y-EIGHTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u></u>					
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							$\neg \neg  $	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes al	bove.	\$		
	, -	• ,						

	D	BER GROUP SUBSCRIBER GROU	TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU				
9	0	SUBSCRIBER GROU	INKIETA	COMMUNITY/ AREA	0	SUBSCRIBER GROC	T-INIIN I FT	COMMUNITY/ AREA	
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndicat									
Exclusiv			-						
Surchar									
for Partiall									
Distan									
Station									
							_		
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	sross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro	
	Р	SUBSCRIBER GROU	/-SECOND	THIRT	IP	SUBSCRIBER GROU	TY-FIRST	THIR	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
			-						
			-						
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	¢	Croup	Gross Receipts Fourth	0.00	¢	oup.		
	0.00	\$	Group	O1099 Vecelbis Lonum	0.00	Ψ	σαρ	ross Receipts Third Gi	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Guadalupe Valley Communications Systems  30434								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIR	TY-THIRD	SUBSCRIBER GROU	Р	THIRT	Y-FOURTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	ross Receipts First Group \$ 0.00		0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	P	THIF	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
The state of the s	<del>r</del>							
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block		iber group	as shown in the boxes at	oove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Guadalupe Valley Communications Systems  30434								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIRTY-S	SEVENTH	SUBSCRIBER GROU	IP	THIR1	Y-EIGHTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DCCo			0.00	Total DCFa			0.00	
Total DSEs				Total DSEs			_	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GROU	IP		FORTIETH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	_		0.00	Total DSEs	-		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
,	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	bove.	\$		
						<u> </u>		

Computa of Base Rate and Syndica Exclusiv				TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	BI
Computa of Base Rate and Syndica		FORTY-FIRST SUBSCRIBER GROUP FORTY-SECOND SUBSCRIBER GROUP						
of Base Rate and Syndica	0	SOBSCRIBER GROO	Y-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-FIRST	COMMUNITY/ AREA
Base Rate and Syndica	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndica	562	O/ ILL GIGIT	362	SALE SIGH	562	67 LEE 61614	502	0,122 0,011
-								
Exclusiv								
						-		
Surchar								
for Partial								
Distar								
Station								
						-		
	0.00	•		Total DSEs	0.00			otal DSEs
		<u> </u>	d Croup			•		
	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	oup	iross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	JP	SUBSCRIBER GROU	Y-FOURTH	FORT	IP	SUBSCRIBER GROU	Y-THIRD	FOR 1
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	oup	Base Rate Fee Third G

	D			TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Computa	0	SUBSCRIBER GROU	X11-31X1H X	COMMUNITY/ AREA	0	SUBSCRIBER GROU	1 1 1 - 1 - 1 - 1 - 1 - 1 - 1	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	302	G. I G. G. I.	202	0.122 0.0.1	202	0.122 0.011	302	0.122 0.0.1
and								
Syndicat								
Exclusiv								
Surchar								
for Partiall			_					
Distan			_					
Station			_			-		
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-EIGHTH	FOR T	IP	SUBSCRIBER GROU	EVENTH	FORTY-S
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			_					
			_	***************************************				
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	
		\$ \$			0.00	\$ \$	·	otal DSEs  Gross Receipts Third Gr  Base Rate Fee Third Gr

EGAL NAME OF OWNER OF CABLE SYSTEM:  Suadalupe Valley Communications Systems  30434						Name		
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIF	TY-THIRD	SUBSCRIBER GROU	JP	FIFT	Y-FOURTH	SUBSCRIBER GROUP	)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
			<b></b>					Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
		<u>,                                     </u>			и отобр			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GROU	JP	FI	FTY-SIXTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>		<b></b>			
Total DSEs		II	0.00	Total DSEc			0.00	
Total DSEs				Total DSEs				
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	•	<u> </u>			•	L		
			.0					
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		
		- ,						

								Guadalupe Valley (
	D.			TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	Y-EIGHTH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	EVENTH	COMMUNITY/ AREA
Computar of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL GIGIT	DOL	OALL GIGIT	DOL	ONEE GIGIT	DOL	CALL GIGIN
and							-	
Syndicat								***************************************
Exclusiv								
Surchar								
for								
Partiall Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>ase Rate Fee</b> First Gro
	P	SUBSCRIBER GROU	SIXTIETH		IP	SUBSCRIBER GROU	Y-NINTH	FIFT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
				1				

	D			TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	FIFTIETH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-NINTH	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL GIGIT	DOL	OALL GION	DOL	ONEE GIGIT	DOL	CALL GIGIN
and								
Syndicat								
Exclusiv								
Surchar								
for Partiall								
Distan								
Station								
	0.00				0.00			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-SECOND	FIFT	Р	SUBSCRIBER GROU	Y-FIRST	FIF <sup>-</sup>
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G

								Guadalupe Valley (
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	Y-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-FIRST	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	362	O/ ILL GIGIT	202	ONEE OF THE	562	07.22 01011	502	07.12.2.01011
and								
Syndica			-					
Exclusiv								
Surchar for								
Partial								
Distan								
Station						-		
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-FOURTH	SIXT	P	SUBSCRIBER GROU	Y-THIRD	SIXT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
			-					
			-					
			-					
	0.00			Total DSEs	0.00			otal DSEs
	_		_					
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Bross Receipts Third Gr

LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Guadalupe Valley Communications Systems  30434						Name		
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIX	TY-FIFTH	SUBSCRIBER GROU	IP	SIX	XTY-SIXTH	SUBSCRIBER GROUP	)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
CIVTY		SUBSCRIBER GROU	ID.	CIVI	V FIGUTU	SUBSCRIBER GROUP	,	
COMMUNITY/ AREA		SUBSCRIBER GROC	0	COMMUNITY/ AREA	T-EIGHTH	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			•					
							<u> </u>	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	•	0.00	Gross Receipts Fourth	Group	•	0.00	
Cross Necelhis IIIIIa G	ισαρ	<b>*</b>	0.00	O1033 Necelpia Foulti	Οισαρ	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Rase Rate Fee: Add th	e hase rat	e fees for each subsc	iher group	as shown in the boxes at	nove			
Enter here and in block			or group	as one with the boxes at		\$		

	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv								
Surchar								
for Partial								
Distan								
Station			-			-		
						-		
	0.00			Tatal DOF	0.00			atal DOF-
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	-SECOND S	SEVENT	IP	SUBSCRIBER GROU	TY-FIRST	SEVENT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-		
	·····							
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	
		\$ \$			0.00	\$ \$	·	Fotal DSEs  Gross Receipts Third Gr  Base Rate Fee Third Gr

	30434					nications Systems	Commun —	Guadalupe valley
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	В
9	0	SUBSCRIBER GROUP	Y-FOURTH		JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	
Computat				COMMUNITY/ AREA	U			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate Exclusivi								
Surcharg								
for								
Partially								
Distant Stations								
Stations								
	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	<b>\$</b>	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	_	SUBSCRIBER GROUP	NTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					N .			
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Fotal DSEs Gross Receipts Third G

		BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	1-EIGH   H	COMMUNITY/ AREA	0	SUBSCRIBER GROU	PEVEINIM	SEVENTY-S COMMUNITY/ AREA
Computar of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	362	G. 1.22 G. G. 1.	202			07.22 0.011	302	
and								
Syndicat								
Exclusiv								
Surchar for								
Partiall								
Distan								
Station								
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	EIGHTIETH		IP	SUBSCRIBER GROU	Y-NINTH	SEVENT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				***************************************				
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G

LEGAL NAME OF OW <b>Guadalupe Valle</b>		E SYSTEM: nications Syster						
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	<i></i>		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
		-						Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	<i>A</i>		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$	0.00	

LEGAL NAME OF OWN Guadalupe Valle								
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		·			отта отта	<u>*</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		<b> </b>		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	<b>\$</b>	0.00	
-					-			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxes	s above.	s		

Nome	30434	S			S			LEGAL NAME OF OWNER  Guadalupe Valley
				E FEES FOR EACH				В
9		SUBSCRIBER GROU	TENTH	COMMUNITY ( ) TO T		SUBSCRIBER GROL	NINTH	000 AN ALIN UTV / A T T A
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated Exclusivity								
Surcharge								
for								
Partially								
Distant								
Stations								
	Total DSEs				0.00	0.00		Total DSEs
	0.00 0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
		\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
		SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GROL	LEVENTH	E
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			Total DSEs
				Gross Receipts Fourth				
	0.00	\$	Group	Gloss Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

LEGAL NAME OF OWN Guadalupe Valle			ns			5	30434	Name
TI		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE	Α		<u> </u>	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fed
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				I SUBSCRIBER GRO		
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	the base rat	e fees for each subs		as shown in the boxes		\$	0.00	

LEGAL NAME OF OWN Guadalupe Valle			ns			5	30434	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		Ħ		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
		-						for
								Partially Distant
								Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group		\$ 0.00		Gross Receipts Second Group		\$ 0.00		
							0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$		
		SUBSCRIBER GRO				I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							$\neg \neg  $	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

Name	30434	S			-			LEGAL NAME OF OWNER  Guadalupe Valley
				TE FEES FOR EACH				
9	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	TWEN COMMUNITY/ AREA
Computation				COMMONT I/ AREA				COMMONT IT AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F and								
Syndicated								
Exclusivity								
Surcharge								
for Partially								
Distant								
Stations						_		
	Total DSEs				0.00	0.00		Total DSEs
	0.00 0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
		\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>3ase Rate Fee</b> First Gr
		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU	TY-THIRD	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			Fotal DSEs
		\$	Group	Gross Receipts Fourth	0.00	¢	iroup	Gross Receipts Third G
	0.00	Ψ	Огоар		0.00	\$	лоцр	

LEGAL NAME OF OW Guadalupe Valle			ns			5	30434	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		<b>†</b>		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
						.		
Total DSEs	tal DSEs		0.00	Total DSEs				
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$		
TWENT COMMUNITY/ AREA		SUBSCRIBER GRO	<b>0</b>	COMMUNITY/ AREA		SUBSCRIBER GROU	<b>0</b>	
COMMONT IT AIRE			<u> </u>	COMMONT IT AIRE	<u></u>			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

Nome	30434	S			5			LEGAL NAME OF OWNER  Guadalupe Valley (	
				E FEES FOR EACH					
9	JP <b>0</b>	SUBSCRIBER GROU	THIRTIETH	COMMUNITY/ AREA	IP <b>0</b>	SUBSCRIBER GROU	TY-NINTH	TWENT	
Computat				COMMONITY AREA	<u> </u>			SOMMONT I/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and Syndicate									
Exclusivi							-		
Surcharg			_						
for									
Partially Distant			-						
Stations									
	0.00			Total DSEs	0.00	Es			
	0.00	Gross Receipts Second Group \$ 0.00				\$ 0.00		ross Receipts First Gr	
		\$		Base Rate Fee Secon		\$		<b>ase Rate Fee</b> First Gr	
		SUBSCRIBER GROL	Y-SECOND			SUBSCRIBER GROU	TY-FIRST		
	<u>0</u>			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
			-						
			-						
			-						
			-						
								otal DSEs	
	0.00			Total DSEs	0.00				
	0.00	\$	Group	Total DSEs  Gross Receipts Fourth	0.00	\$	roup		
		\$	Group			\$	roup	Gross Receipts Third G	

LEGAL NAME OF OWI Guadalupe Valle			•			5	30434	Name
				ATE FEES FOR EAC				
TH COMMUNITY/ AREA		SUBSCRIBER GRO	OUP <b>0</b>	THIF COMMUNITY/ ARE		I SUBSCRIBER GROU	JP <b>0</b>	9
COMMONT I/ AIRE			<u> </u>	COMMONT I/ AICE				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								Syndicated
								Exclusivity
		-						Surcharge
								for Partially
								Distant
								Stations
Total DSEs		0.00		Total DSEs	otal DSEs			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	DUP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN Guadalupe Valle			ns			\$	30434	Name
				ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	RTY-NINTH	SUBSCRIBER GRO			FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWI Guadalupe Valle			ns			5	30434	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		<b>†</b>		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$ 0.00		Gross Receipts Second Group \$		\$ 0.00		
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						.		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

GROUP  O Computation of	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF	LOCK A:	D	
0 Computation I DSE of Base Rate Fe and Syndicated Exclusivity	SUBSCRIBER GROU	RTY-SIXTH	II FO					
Computation  DSE of  Base Rate Fe  and  Syndicated  Exclusivity		<u> </u>				TY-FIFTH		
DSE of Base Rate Fe and Syndicated Exclusivity			COMMUNITY AREA	U		***************************************	COMMUNITY/ AREA	
and Syndicated Exclusivity	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Syndicated Exclusivity								
Exclusivity								
for								
Partially								
Distant Stations								
Stations	—	<mark></mark>						
2.22				0.00				
0.00			Total DSEs	0.00			otal DSEs	
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G	
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G	
	SUBSCRIBER GROL	ΓΥ-EIGHTH			SUBSCRIBER GROU	SEVENTH		
0	COMMUNITY/ AREA			0			COMMUNITY/ AREA	
I DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						···		
						···		
		<u></u>						
					_			
		<u> </u>						
0.00			Total DSEs	0.00			Total DSEs	
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G	
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G	

LEGAL NAME OF OWI Guadalupe Valle			ns			S	30434	Name
				ATE FEES FOR EAC				
FC COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP <b>0</b>	9
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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$ 0.00		
Base Rate Fee First	· .	\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		<del>II</del>		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$		

# Name	30434				ıs			LEGAL NAME OF OWNE Guadalupe Valley
				ATE FEES FOR EAC				
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and Syndicate								
Exclusivi								
Surcharg								
for								
Partially Distant								
Stations								
_	0.00			Total DSEs	0.00			otal DSEs
	0.00	Gross Receipts Second Group \$ 0.00				\$ <b>0.00</b>		Bross Receipts First Gr
	0.00	<u> </u>						
		\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	ase Rate Fee First Gr
		SUBSCRIBER GROU	IFTY-SIXTH	F		SUBSCRIBER GRO	TY-FIFTH	FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							···	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	<b>S</b>	) Group	Total DSEs  Gross Receipts Four	0.00			otal DSEs
	0.00	\$	n Group	Total DSEs Gross Receipts Four	0.00	\$	iroup	otal DSEs Fross Receipts Third G

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Guadalupe Valley Communications Systems  SYSTEM ID#  30434							Name	
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		<b>†</b>		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						. –		Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
		-						for
								Partially Distant
								Stations
						. —		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$ 0.00		Gross Receipts Second Group \$ 0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		<b> </b>		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
<b>Base Rate Fee:</b> Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

	30434	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Guadalupe Valley Communications Systems  SYSTEM ID# 30434						
				TE FEES FOR EACH				
9	SIXTY-SECOND SUBSCRIBER GROUP					SUBSCRIBER GROU	TY-FIRST	
Computati	COMMUNITY/ AREA				0		***************************************	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate Exclusivit								
Surcharg								
for								
Partially								
Distant Stations								
Stations								
ļ								
	0.00			Total DSEs	0.00			Total DSEs
	0.00							
		\$	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First G
		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
ł								
ĺ								
1								
ł								
ļ								
ļ								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G
I								

LEGAL NAME OF OWN  Guadalupe Valle			ns			5	30434	Name	
				ATE FEES FOR EAC		IBER GROUP			
COMMUNITY/ AREA		SUBSCRIBER GRO	OUP <b>0</b>	Ħ	9				
COMMONT I/ AREA	JUNITY/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								Syndicated	
								Exclusivity	
								Surcharge	
								for Partially	
								Distant	
								Stations	
otal DSEs			0.00	Total DSEs 0.00					
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SIXT	Y-SEVENTH	SUBSCRIBER GRO	DUP	S	IXTY-EIGHTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
•	•				•				
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$			

CALL SIGN DSE  CALL SIGN DSE  Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	H SUBSCRIBER GRO		TE FEES FOR EACH SI COMMUNITY/ AREA CALL SIGN		SUBSCRIBER GRO		SIX
CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00			COMMUNITY/ AREA	0		TY-NINTH	
Computation  CALL SIGN  DSE  Base Rate Fe  and  Syndicated  Exclusivity  Surcharge  for  Partially  Distant  Stations  0.00	CALL SIGN	DSE				***************************************	
CALL SIGN  DSE  Base Rate Fe  and  Syndicated  Exclusivity  Surcharge  for  Partially  Distant  Stations	CALL SIGN	DSE	CALL SIGN	DSE			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant Stations					CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations							
Exclusivity Surcharge for Partially Distant Stations							
Surcharge for Partially Distant Stations  0.00							
Partially Distant Stations  O.00							
Distant Stations  O.00							
Stations  O.00							
0.00							
			Total DOF	0.00			Fatal DCFa
$\bullet$ 0.00 $\bullet$							Γotal DSEs
\$ 0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
\$ 0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
ND SUBSCRIBER GROUP	O SUBSCRIBER GRO	Y-SECOND	SEVENT	JP	SUBSCRIBER GRO	TY-FIRST	SEVEN
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
<mark></mark>							
······································							
········ - <mark>···························</mark>							
0.00			Total DSEs	0.00			Total DSEs
\$ 0.00	\$	n Group	Gross Receipts Fourtl	0.00	\$	iroup	Gross Receipts Third G
\$ 0.00	\$	n Group	Base Rate Fee Fourth	0.00	\$	roup	<b>Base Rate Fee</b> Third G

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Guadalupe Valley Communications Systems  SYSTEM ID# 30434								
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	/-FOURTH		SEVENTY-THIRD SUBSCRIBER GROUP MUNITY/ AREA 0				
Computatio	COMMUNITY/ AREA 0							COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fo									
and Syndicated									
Exclusivity									
Surcharge									
for									
Partially Distant									
Stations									
	Total DSEs 0.00				0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	<b>Base Rate Fee</b> First Gr	
	JP	SUBSCRIBER GROU	NTY-SIXTH	SEVE	JP	SUBSCRIBER GROU	ITY-FIFTH	SEVEN	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	