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.

### SA3E Long Form

Return completed workbook by email to:

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#### Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2020/2 Accounting Period Instructions Β Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 62467 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM SANTA ROSA TELEPHONE COOPERATIVE. INC. 624672020/2 62467 2020/2 **PO BOX 2128** VERNON, TX 76385-2128 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. Area Served CITY OR TOWN STATE ASPERMONT ТΧ First Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD Α Sample Alliance MD в 2 Gering MD в 3 Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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.

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/19/2021

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                   |                    | SYSTEM ID# |   |  |  |  |  |
|---|-------------------|--------------------|------------|---|--|--|--|--|
| SANTA ROSA TELEPHONE COOPERATIVE, INC.  |                   |                    | 62467      |   |  |  |  |  |
| <b>Instructions:</b> 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 hon below the identified city or town.   | ne parks should b | e reported in pare | ntheses    |   |  |  |  |  |
| below the identified city or town.<br>If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate<br>all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations<br>on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group,<br>designated by a number (based on your reporting from Part 9).                  |                   |                    |            |   |  |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by   | a subscriber gro  |                    |            |   |  |  |  |  |
| CITY OR TOWN  | STATE             | CH LINE UP         | SUB GRP#   |   |  |  |  |  |
| ASPERMONT   | ТХ                | ABILENE            | AB         | First                                       |  |  |  |  |
| BENJAMIN  | ТХ                | WICHITA            | AA         | Community                                   |  |  |  |  |
| CHILDRESS   | TX                | AMARILLO           | AD         |   |  |  |  |  |
|   | TX                |                    | AA         |   |  |  |  |  |
| HASKELL<br>HOLLIDAY   | TX<br>TX          | ABILENE<br>WICHITA | AB<br>AA   |   |  |  |  |  |
| KNOX CITY   | TX                | ABILENE            | AA<br>AB   | See instructions for additional information |  |  |  |  |
| MUNDAY  | TX                | MUNDAY             | AD         | on alphabetization.                         |  |  |  |  |
| ODELL   | ТХ                | WICHITA            | AA         |   |  |  |  |  |
| ROCHESTER   | TX                | ABILENE            | AB         |   |  |  |  |  |
| RULE  | ТХ                | ABILENE            | AB         |   |  |  |  |  |
| SEYMOUR   | ТХ                | WICHITA            | AA         | Add rows as necessary.                      |  |  |  |  |
| WEINERT   | ТХ                | ABILENE            | AB         |   |  |  |  |  |
| RANDLETT  | ОК                | WICHITA            | AA         |   |  |  |  |  |
|   |                   |                    |            |   |  |  |  |  |
|   |                   |                    |            |   |  |  |  |  |
|   |                   |                    |            |   |  |  |  |  |
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|   |                   |                    |            |   |  |  |  |  |
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|   |                   |                    |            |   |  |  |  |  |
|   |                   |                    |            |   |  |  |  |  |
|   |                   |                    |            |   |  |  |  |  |
|   |                   |                    |            | I   |  |  |  |  |

FORM SA3E. PAGE 1b.

|                        | LEGAL NAME OF OWNER OF CABL  | E SYSTEM:  |           |                    |             |                      |      |             | S               | YSTE | EM ID |  |
|------------------------|--|--|-----------|--------------------|-------------|----------------------|------|-------------|-----------------|------|-------|--|
| Name                   | SANTA ROSA TELEPHONE COOPERATIVE, INC.   |  |           |                    |             |                      |      |             |                 | 6    | 6246  |  |
| Е                      | SECONDARY TRANSMISSION   |  |           | -                  | -           |                      |      |             |                 |      |       |  |
| E                      | In General: The information in s   |  |           | -                  |             | -                    |      |             |                 |      |       |  |
| Secondary              | system, that is, the retransmissi about other services (including a  |  |           |                    |             |                      |      |             |                 |      |       |  |
| Transmission           | last day of the accounting period  |  |           |                    |             |                      | εı   |             | ang on the      |      |       |  |
| Service: Sub-          | Number of Subscribers: Bot   |  |           |                    |             |                      | cal  | ble syster  | n, broken       |      |       |  |
| scribers and           | down by categories of secondary transmission service. In general, you can compute the number of subscribers in   |  |           |                    |             |                      |      |             |                 |      |       |  |
| Rates                  | 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).<br><b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the                    |  |           |                    |             |                      |      |             |                 |      |       |  |
|                        | <b>Rate:</b> 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  |  |           |                    |             |                      |      |             |                 |      |       |  |
|                        | systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different   |  |           |                    |             |                      |      |             |                 |      |       |  |
|                        | categories, that person or entity  |  |           | -                  |             | -                    |      |             |                 |      |       |  |
|                        | subscriber who pays extra for ca   |  |           |                    |             | •                    |      | •           |                 |      |       |  |
|                        | first set" and would be counted  | •  |           |                    | ( )         |                      |      |             |                 |      |       |  |
|                        | Block 2: If your cable system  | -  |           | -                  |             |                      |      |             |                 |      |       |  |
|                        | printed in block 1 (for example, with the number of subscribers  |  |           |                    |             | •                    |      | ,           | -               |      |       |  |
|                        | sufficient.  |  | lo rigiti |                    |             |                      | ιpu  |             |                 |      |       |  |
|                        | BLO  | DCK 1  |           |                    |             |                      |      | BLOC        | K 2             |      |       |  |
|                        |  | NO. OF   |           |                    | CAT         |                      |      |             | NO. OF          |      |       |  |
|                        | CATEGORY OF SERVICE<br>Residential:  | SUBSCRIB   | ERS       | RATE               | CATE        | EGORY OF SE          | ΞR   | VICE        | SUBSCRIBERS     | R    | RATE  |  |
|                        | Service to first set   |  | 1,377     | \$ 24.40           |             |                      |      |             |                 |      |       |  |
|                        | Service to additional set(s)   |  | 1,192     | \$ 59.38           |             |                      |      |             |                 |      |       |  |
|                        | • FM radio (if separate rate)  |  | -,        | ÷                  |             |                      |      |             |                 |      |       |  |
|                        | Motel, hotel   |  |           |                    |             |                      |      |             |                 |      |       |  |
|                        | Commercial   |  | 27        | \$ 91.72           |             |                      |      |             |                 |      |       |  |
|                        | Converter  |  |           |                    |             |                      |      |             |                 |      |       |  |
|                        | Residential  |  |           |                    |             |                      |      |             |                 |      |       |  |
|                        | Non-residential  |  |           |                    |             |                      |      |             |                 |      |       |  |
|                        | SERVICES OTHER THAN SEC  |  |           |                    |             |                      |      |             |                 |      |       |  |
| _                      | In General: Space F calls for ra   |  |           |                    |             | all vour cable s     | svs  | stem's ser  | vices that were |      |       |  |
| F                      | not covered in space E, that is,   |  | '         |                    | •           | •                    | -    |             |                 |      |       |  |
|                        |  | ice for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services |           |                    |             |                      |      |             |                 |      |       |  |
| Services<br>Other Than | furnished at cost or (2) services  |  |           |                    |             |                      |      |             |                 |      |       |  |
| Secondary              | amount of the charge and the un<br>enter only the letters "PP" in the  |  | susuali   | y billed. If any f | ates are c  | narged on a va       | an   | able per-p  | orogram basis,  |      |       |  |
| ransmissions:          | 5  |  | the cab   | le system for e    | ach of the  | applicable ser       | rvio | ces listed. |                 |      |       |  |
| Rates                  | Block 2: List any services that  | • •  |           |                    | -           |                      |      |             |                 |      |       |  |
|                        | listed in block 1 and for which a  |  |           |                    | lished. Lis | t these other s      | er   | vices in th | e form of a     |      |       |  |
|                        | brief (two- or three-word) description and include the rate for each.  |  |           |                    |             |                      |      |             |                 |      |       |  |
|                        | CATEGORY OF SERVICE  | BLO<br>RATE  |           | GORY OF SEF        |             | RATE                 |      | CATECO      | BLOCK 2         |      | RATE  |  |
|                        | Continuing Services:   | NATE   |           | ation: Non-res     |             | NAIL                 |      | CAILGO      | INT OF SERVICE  |      |       |  |
|                        | Pay cable  |  |           | otel, hotel        | laonna      |                      |      |             |                 |      |       |  |
|                        | • Pay cable—add'l channel  |  |           | mmercial           |             | \$ 85.00             |      |             |                 |      |       |  |
|                        | Fire protection  |  | •Pa       | y cable            |             |                      | 1    |             |                 |      |       |  |
|                        | •Burglar protection  |  | •Pa       | y cable-add'l cl   | hannel      |                      |      |             |                 |      |       |  |
|                        | Installation: Residential  |  | • Fir     | e protection       |             |                      |      |             |                 |      |       |  |
|                        | • First set  | \$ 85.00   |           | rglar protection   | l           |                      |      |             |                 |      |       |  |
|                        | Additional set(s)  |  |           | services:          |             | l                    |      |             |                 |      |       |  |
|                        | • FM radio (if separate rate)  |  |           | connect            |             | \$ 10.00             |      |             |                 |      |       |  |
|                        | Converter  |  | • Dis     | sconnect           |             |                      |      |             |                 |      |       |  |
|                        |  |  | -         |                    |             |                      |      |             |                 |      |       |  |
|                        |  |  |           | itlet relocation   |             | \$ 15.00<br>\$ 10.00 |      |             |                 |      |       |  |

| FORM SA3E. PAGE 3.<br>LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                     |                          |
|--|--------------------------------|--------------------------|
| SANTA ROSA TELEPHONE COOPERATIVE, INC.   | 62467                          | Name                     |
| PRIMARY TRANSMITTERS: TELEVISION   |                                |                          |
| In General: In space G, identify every television station (including translator stations and low power tele<br>carried by your cable system during the accounting period except (1) stations carried only on a part-time   | e basis under                  | G                        |
| FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network program<br>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 static<br>substitute program basis, as explained in the next paragraph   | ons carried on a               | Primary<br>Transmitters: |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a s<br>basis under specifc FCC rules, regulations, or authorizations:  | ubstitute progran              | Television               |
| <ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Lo<br/>station was carried only on a substitute basis</li> </ul>   | og)—if the                     |                          |
| <ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also basis. For further information concerning substitute basis stations, see page (v) of the general instrumine the paper SA3 form.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ES</li> </ul>  | ctions located                 |                          |
| each multicast stream associated with a station according to its over-the-air designation. For example, it cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately WETA-simulcast).   | eport multi                    |                          |
| <b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the television station of the television station of the television station for broadcasting its community of license.  | ·                              |                          |
| on which your cable system carried the station<br>Column 3: Indicate in each case whether the station is a network station, an independent station, or   | a noncommercia                 |                          |
| educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial education For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No | ndent), "I-M<br>nal multicast) |                          |
| planation of local service area, see page (v) of the general instructions located in the paper SA3 form<br><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on  |                                |                          |
| cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your<br>carried the distant station on a part-time basis because of lack of activated channel capacity<br>For the retransmission of a distant multicast stream that is not subject to a royalty payment because   |                                |                          |
| of a written agreement entered into on or before June 30, 2009, between a cable system or an associat<br>the cable system and a primary transmitter or an association representing the primary transmitter, enter  | ion representin                |                          |
| tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O explanation of these three categories, see page (v) of the general instructions located in the paper SA3 <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the statio  | ." For a furthe form           |                          |

|                 |                                | CHANN | EL LINE-UP                 | AA                                      |                        |                        |
|-----------------|--------------------------------|-------|----------------------------|---|------------------------|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | -     | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |                        |
| KFDX-NBC        | 3                              | N     | NO                         |   | WICHITA FALLS, TX      |                        |
| KAUZ-CBS        | 6                              | N     | NO                         |   | WICHITA FALLS, TX      | See instructions for   |
| KSWO-ABC        | 7                              | N     | NO                         |   | LAWTON, OK             | additional information |
| KJTL-FOX        | 18                             | I     | NO                         |   | WICHITA FALLS, TX      |                        |
| KJBO-MY TV      | 35                             | N     | NO                         |   | WICHITA FALLS, TX      |                        |
| KSWO-TELEM      | 44                             | I     | NO                         |   | LAWTON, OK             |                        |
| KAUZ-CW         | 50                             | I     | NO                         |   | WICHITA FALLS, TX      |                        |
|                 |                                |       |                            |   |                        | m                      |
|                 |                                |       |                            |   |                        |                        |
|                 |                                |       |                            |   |                        |                        |
|                 |                                |       |                            |   |                        |                        |
|                 |                                |       |                            |   |                        | nne                    |
|                 |                                |       |                            |   |                        |                        |
|                 |                                |       |                            |   |                        |                        |
|                 |                                |       |                            |   |                        |                        |
|                 |                                |       |                            |   |                        |                        |

|                                      | ACCOUNTING FERIOD: 20 |
|--------------------------------------|-----------------------|
| FORM SA3E. PAGE 3.                   |                       |
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID#            |

| KTAB-CBS     32     N     NO     ABILENE, TX       KTXS-CW     52     I     YES     0     ABILENE, TX  | LEGAL NAME OF OW  | NER OF CABLE SY  | STEM:          |                   |                    | SYSTEM ID#                             | £          |  |
|--|---|------------------|----------------|-------------------|--------------------|--|------------|--|
| In General: In space G, identify every television station (including translator stations and low power television stations);       G         Corr Uses and regulations in effect on June 24, 1991, permitting the carriage of certains metwork programs [section 76:59(1(2) and (4), 76:61(e)(2) and (4), 76:61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explaintion in the next paragraph.       The section of the station basis are explainted in the next paragraph.         Substitute Dasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explaintons, or authorizations.       The section of the station have and also in space 1, the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis station. For example, report multilicast stream associated with a station according to its over-the-air designation. For example, report multilicast stream associated with a station according to the television station for broad-casting over-the-air if to community of license. For example, WEC is Channel 4 in Washington, D.C. This may be different from the channe on which your calle system carried be station. The event multicast, "for (independent)."-M (for independent multicast), "Er (for noncommercial education) is called in the paper SA3 form.       Column 3: Indicate in each case whether the station is no and the paper SA3 form.         Colum 4: If the station is a column 4, your must complete column 5, stating the basis on whichy your calle system carried the distant statio  | SANTA ROSA  | TELEPHON         |                | RATIVE, INC.      |                    | 62467                                  | , Name     |  |
| Garried by your cable system during the accounting period except (1) stations carried on yon a part-line basis under<br>FC Jules and regulations in effect on June 24. 1981, permitting the carriage of creatin network programs [section:<br>FC Solid(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<br>substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program<br>basis under specific FCC rules, regulations, or authorizations:<br>the station here, and also in space 1. If the station was carried both on a substitute basis and also on some other<br>basis. Sector Turber information concerning substitute basis<br>chick the station here, and also in space 1. If the station was carried both on a substitute basis and also on some other<br>basis. Sector Turber information concerning substitute basis stations, see page (v) of the general instructions located<br>in the page F3A3 form.<br>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air its<br>to community of license. For example, WRG is Channel 4 in Washington, D.C. This may be different from the channe<br>on which your cable system carried the station<br>to community of license. For example, WRG is Channel 4 in Washington, D.C. This may be different from the channe<br>on which your cable system carried the station is a network station, an independent station, or a noncommercia<br>deucational station, by entering the letter '1's' (for network), "N-M" (for network multicast); "for the retransmission of a distant nulticast stream that is not subject to a royaly payment because it is the subjec<br>of a writhe agreement entered into on or before June 30, 2009, betweem a cable system carried the distant<br>stations, and a primary true writher ason association reprovide rayaly payment because it is th  | PRIMARY TRANSMIT  | TERS: TELEVISIO  | NC             |                   |                    |  |            |  |
| FCC ubies and regulations in effect on une 24, 1981, permitting the carriage of certain network programs [section:       Primary         76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.51(e)(2) and (4))]; and (2) certain stations carried on to a substitute basis stations explained in the next paragraph       Primary         Substitution Desis Dates are explained in the next paragraph       Substitute Program Log)—If the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis station subscurpt. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream sociated with a station according to its over-the-air designation, for example, report multicast stream associated with a station according to its over-the-air designation, for example, report multicast stream sociated with a station according to its over-the-air designation, for a noncommercial ducational multicast).       For example, WFC A:: for oncommercial ducational, for the station is an etwork station, an independent station, or a noncommercial ducational multicast).         Column 5:       If our network), N-MF (for network), Tor independent multicast).       For the earing of the ester the station is an etwork station, an independent station, or a noncommercial ducational, if you have entered Yes' in column 4; You must column 4; You must column 4; You have entered Yes' in column 4; You must column 4; You have entered Yes' in column 4; You have enteref Yes' in colume cannee do the channel on a  |   |                  |                |                   |                    |  | G          |  |
| 76:59(0)(2) and (Å), 76:63 (referring to 76:63 (refering to 76:63 (referring to 76:63 (referrin  |   | • •              |                | • ·               | . ,                |  | U          |  |
| 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 basis under specific FCC rules, regulations, or authorizations:       Transmitters:         To not list the station here, and also in space 1, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate in the paper SA3 form.       Tole of the station is call sign. Do not report origination program services such as HBO, ESPN, etc. Identificant statesm associated with a station according to its over-the-air designation. For example, WETA-S: Sinulcast stream associated with a station according to its over-the-air designation. For example, WETA-S: mulcast stream associated with a station according to its over-the-air designation. For example, WETA-S: Sinulcast stream associated with a station according to its over-the-air designation. For example, WETA-S: Sinulcast stream associated in the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "Nr" (for noncommercial educational multicast) (Tr (for noncommercial educational in uticast)) (To the general instructions located in the paper SA3 form Column 3: If you have entered TYeS in columid, you must object area, see page (v) of the general instructions located in the paper SA3 form Column 4; If you have entered TYeS in columid, in the station is outside the local service area, (e. "distart"), enter "YeS." If not, enter "No". For an ex planation of these there asteports area, (e. "distart"), enter "YeS." If not, enter the station is located in the paper SA3 form Column 5; by the organ association representing the primary transmitter, enter the designation of a writ   | •   |                  |                |                   | •                  |  | Primary    |  |
| basis under specific FCC rules, regulations, or authorizations:         • Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis         • List the station here, and also in space 1, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater in the paper SA3 form.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificats tream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, wreth-air ir its community of license. For example, WETA-2: Simulcast is the reported in column 1 (list each stream separately; for example wETA-simulars).         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, wrether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter 'N' (for network), 'N-M' (for network multicast), 'T (for independent), 'I-M (for independent station, or an explanation of local service area, les envice area, let, 'd'stant', enter 'Yes'. If not, lenter 'No', For an explanation for a substitute basis to nothor you cable system carried the distant station during the accounting period. Indicate by enter Ys''. For an explanation of local service area, let, 'd'stant', enter 'Yes'. If not, lenter 'No', For an explanation of the station is alisent multicast, 'E'''. If our carried the channel on any other basis, on which you cable system carried the distant station during the accountin  |   |                  |                |                   | • • •              |  |            |  |
| - Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in tis community of license. For example, WRC is Channel 4 in Washington, D. C. This may be different from the channe on which your cable system carried the station is a network station, an independent station, or a noncommercia educational multicast). For (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the emaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 3: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on Mich you cable system carried the distant station during the accounting period. Indicate by endering the statem that is not subject to a royalty payment because it is the subjec of a withen age (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 Mich you cable system carried the distant station during terme and subject to a royalty payment because it is the subjec of a withen agreement entered mices in a subcalcation regravalty payment because it is the subjec of a withen agreemen  |   |                  | -              | •                 | is carried by your | r cable system on a substitute progran | Television |  |
| List he station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as wETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station is a network station, an independent station, or a noncommercia education station, by entering the lettr."N' (for network), "N-M' (for network multicast). T' (for independent), of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 4: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station on a part-time basis because of fack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because its the subjec of a written agreement entered "Yes" in column 4. You wave othered "Yes" in colo), between a cable system caral addition is licensed by the FCC. For Maxious, also enter "E'. If you carried the distant station, in a paper SA3 form Column 6: Give the location of each station. For US, stations, list the community to which the station is licensed by the F  |   |                  |                |                   | he Special Stater  | ment and Program Log)—if the           |            |  |
| basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as WETA-2:         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the channe on which your cable system carried the station.         Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network, "N-M" (for noncommercial educational multicast) "E" (for noncommercial educational with you cast stream as a see page (v) of the general instructions located in the paper SA3 form         Column 4: If the station is outside the local service area, see page (v) of the general instructions located in the paper SA3 form         Colum 6: If you have entered "Yes" in column 4, your usus complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the station. For earling the primary transmitter, enter the designa to the state station is a destant multicast transmission of a distant multicast stream that is not subject to a royaly payment because it is the subjec of a wittlen agreement entered into on or before June 30, 2009, between a cable system carried the designa to multicast stream and parimation. For earling the cable system and a primary transmitter, or an association r  |   |                  |                |                   |                    |  |            |  |
| Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify         each multicast stream associated with a station according to its over-the-air designation. For example, report multi         cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately, for example, WETA-simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in this community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station is a network station, an independent station, or a noncommercize deducational station, by entering the letter "N" (for network), "N-M" (for network multicast). "T (for independent), "I-M (for  | basis. For further i  | information cond |                |                   |                    |  |            |  |
| cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example         WETA-simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the somunity of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network). "I-" (for independent multicast), "T" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) (For the station is outside the local service area, (i.e. "distant"), enter "No". For an ex planation of local service area, (i.e. "distant"), enter "No". For an explanation of local service area, (i.e. "distant is not subject to a royalty payment because it is the subjec of a written agreement entered "Yes" in column 9, you must complete column 5, stating the basis on which you 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 community with which the station is licensed by the FCC. For Mexican or Canadian station, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the nam  |   |                  | sign. Do not   | report originatio | on program servio  | ces such as HBO, ESPN, etc. Identify   |            |  |
| WETA-simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)         For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form         Column 3: If you have entered "Yee" in column 4, you must complete column 5, stating the basis on which you 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 or or before June 30, 2009, between a cable system or an association representing the citentary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the distant station on these 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.         Not       KERSC-NBC       9       N       NO       ABILENE, TX         KTRBC-NBC       9       N       NO  |   |                  |                |                   |                    |  |            |  |
| Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air it its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station         Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "t-M" (for noncommercial educational 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 a network station, on reversite the sais on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if 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 spate SA3 form         Column 4: (sex entry). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form         Column 6: Give the location of each station. For U.S. stations, list  |   | A-2". Simulcast  | streams mus    | t be reported in  | column 1 (list ea  | ach stream separately; for example     |            |  |
| on which you'r cable system carried the station<br>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia<br>deucational station, by entering the letter 'N' (for network), 'N-M' (for network multicast), 'I' (for independent), 'I-M<br>(for independent multicast), 'E'' (for noncommercial educational), or 'E-M' (for noncommercial educational multicast)<br>For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form<br>Column 4: If the station is outside the local service area, (i.e. 'distant'), enter 'Yes'. If not, enter 'No'. For an ex<br>planation of local service area, see page (v) of the general instructions located in the paper SA3 form<br>Column 5: If you have entered 'Yes' in column 4, you must complete column 5, stating the basis on which you<br>cable system carried the distant station during the accounting period. Indicate by entering 'LAC'' if your cable syster<br>carried the distant station on a part-time basis because of lack of activated channel capacity<br>For the retrasmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec<br>of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin<br>the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa<br>tion 'E' (exempt). For simulcasts, salso enter 'E'. If you carried the community to which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station is licentific<br>NUMBER STATION (Yes or No)<br>STATI | Column 2: Give the  |                  |                | •                 |                    | 5                                      |            |  |
| 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 "L" (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 "Nes". If not, enter "No". For an ex         planation of local service area, (i.e. "distant"), enter "Nes". If not, enter "No". For an ex         planation of local service area, (i.e. "distant"), enter "Nes". If not, enter "No". For an ex         planation of local service area, (i.e. "distant"), enter "Nes". If not, enter "No". For an ex         planation of local service area, (i.e. "distant"), enter "Nes". If not, enter "No". For an ex         planation of local service area, (i.e. "distant"), enter "Nes". If not, enter "No".         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you         cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster         carried the distant station on a part-time basis because of lack of activated channel capacity         For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec         for the exemption of these three categories, see page (v) of the general instructions located in the paper SA3 form         Column 6: Give the location of each stations. For U.S. statio  | •   | •                |                |                   | nington, D.O. mi   |  |            |  |
| (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 of local service area, (i.e., "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station on a part-time basis because of lack of activated channel capacity         For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form         Column 6: Give the location of each station. For U.S. stations, list the community with which the station is identified.         Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.         CHANNEL LINE-UP       AB         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       6. BASIS OF       6. LOCATION OF STATION         KRBC-NBC       9       N       NO  |   |                  |                |                   |                    |  |            |  |
| planation of local service area, see page (v) of the general instructions located in the paper SA3 form<br>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you<br>cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system<br>carried the distant station on a part-time basis because of lack of activated channel capacity<br>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec<br>of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin<br>the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa<br>tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe<br>explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form<br>Column 6: Give the location of each station. For U.S. stations, list the community with which the station is lidentific<br>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.CHANNEL LINE-UP AB1. CALL<br>SIGN2. B'CAST<br>CHANNEL<br>CHANNEL<br>NUMBER3. TYPE<br>STATION4. DISTANT?<br>(Yes or No)6. LOCATION OF STATIONKTXS-ABC12NNOABILENE, TXKTXS-ABC12NNOABILENE, TXKTXA-FOX15INOABILENE, TXKTAB-CBS32NNOABILENE, TXKTAB-CBS32NNOABILENE, TX </td <td></td> <td></td> <td>•</td> <td>,</td> <td>•</td> <td>, , , ,</td> <td></td>   |   |                  | •              | ,                 | •                  | , , , ,                                |            |  |
| planation of local service area, see page (v) of the general instructions located in the paper SA3 form<br>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you<br>carlied the distant station on a part-time basis because of lack of activated channel capacity<br>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec<br>of a written agreement entered into on or before June 30, 2009, between a cable system can association representing the primary transmitter, enter the designa<br>tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe<br>explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form<br>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is located<br>NUMBER STATION VIEW A.<br>SIGN 2. B'CAST 0.<br>FVENDEL LINE-UP AB<br>1. CALL 2. B'CAST 0.<br>FVENDEL LINE-UP (AB<br>1. CALL 0.<br>KTXS-ABC 12 N NO ABILENE, TX<br>KTXS-ABC 12 N NO ABILENE, TX<br>KTXS-ABC 12 N NO ABILENE, TX<br>KTXB-CSS 32 N NO ABILENE, TX<br>KTXS-CW 52 I YES 0 ABILENE, TX  |   |                  |                |                   |                    |  |            |  |
| cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster<br>carried the distant station on a part-time basis because of lack of activated channel capacity<br>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject<br>of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing<br>the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa<br>tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe<br>explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form<br>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identified<br>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.CHANNEL LINE-UP AB1. CALL<br>SIGN2. B'CAST<br>CHANNEL3. TYPE<br>OF<br>OF<br>OF<br>OF<br>OF<br>OF<br>OF<br>(Yes or No)6. LOCATION OF STATIONKRBC-NBC9NNOABILENE, TXKTXS-ABC12NNOABILENE, TXKTXS-ABC12NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX   |   |                  |                | •                 | ,                  |  |            |  |
| carried the distant station on a part-time basis because of lack of activated channel capacity<br>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject<br>of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin<br>the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa<br>tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe<br>explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form<br>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified<br>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.<br><b>CHANNEL LINE-UP AB</b><br>1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF (Yes or No) CARRIAGE (If Distant)<br><b>KRBC-NBC</b> 9 N NO ABILENE, TX<br><b>KTXS-ABC</b> 12 N NO ABILENE, TX<br><b>KTXS-ABC</b> 15 I NO ABILENE, TX<br><b>KTXS-CW</b> 52 I YES 0 ABILENE, TX<br><b>KTAB-CBS</b> 32 N NO ABILENE, TX<br><b>KTAB-CBS</b> 32 N NO ABILENE, TX<br><b>KTXS-CW</b> 52 I YES 0 ABILENE, TX  | •   |                  | 0 ( )          | •                 |                    | • •                                    |            |  |
| 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 representin<br>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 furthe<br>explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form<br>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.<br>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.6. LOCATION OF STATIONCHANNEL LINE-UP AB1. CALL<br>SIGN2. B'CAST<br>CHANNEL<br>OF<br>NUMBER3. TYPE<br>(Yes or No)4. DISTANT?<br>(Yes or No)5. BASIS OF<br>CARRIAGE<br>(If Distant)6. LOCATION OF STATIONKRBC-NBC9NNOABILENE, TXKTXS-ABC12NNOABILENE, TXKTAS-ABC12NNOABILENE, TXKTAS-ABC12NNABILENE, TXKTAS-ABC12NABILENE, TXKTAS-ABC12NNOABILENE, TXKTAS-ABC13I <th colsp<="" td=""><td></td><td></td><td>-</td><td></td><td>•</td><td></td><td></td></th>  | <td></td> <td></td> <td>-</td> <td></td> <td>•</td> <td></td> <td></td> |                  |                | -                 |                    | •                                      |            |  |
| of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin         the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa         tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe         explanation of these three categories, see page (V) of the general instructions located in the paper SA3 form         Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the         FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.         Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.         CHANNEL LINE-UP       AB         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         KRBC-NBC       9       N       NO       ABILENE, TX         KTXS-ABC       12       N       NO       ABILENE, TX         KTXS-ABC       15       I       NO       ABILENE, TX         KTAB-CBS       32       N       NO       ABILENE, TX         KTAB-CBS       32       N       NO       ABILENE, TX  |   |                  |                |                   |                    |  |            |  |
| tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe<br>explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form<br>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by th<br>FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec<br>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.<br>CHANNEL LINE-UP AB<br>1. CALL<br>SIGN 2. B'CAST<br>CHANNEL 0F 0F (Yes or No) CARRIAGE<br>(If Distant) KRBC-NBC 9 N NO ABILENE, TX<br>KTXS-ABC 12 N NO ABILENE, TX<br>KTAB-CBS 32 N NO ABILENE, TX<br>KTXS-CW 52 I YES 0 ABILENE, TX  |   |                  |                |                   |                    |  |            |  |
| explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form<br>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the<br>FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.<br>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.CHANNEL LINE-UPAB1. CALL<br>SIGN2. B'CAST<br>CHANNEL<br>CHANNEL<br>NUMBER3. TYPE<br>OF<br>OF<br>STATION4. DISTANT?<br>(Yes or No)6. LOCATION OF STATIONKRBC-NBC9NNOABILENE, TXKTXS-ABC12NNOABILENE, TXKTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX  |   |                  |                | •                 | • •                | ,                                      |            |  |
| Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.CHANNEL LINE-UP AB1. CALL<br>SIGN2. B'CAST<br>CHANNEL<br>OF<br>STATION3. TYPE<br>OF<br>OF<br>STATION4. DISTANT?<br>(Yes or No)5. BASIS OF<br>CARRIAGE<br>(If Distant)6. LOCATION OF STATIONKRBC-NBC<br>MUMBER9NNOABILENE, TXKTXS-ABC12NNOSWEETWATER, TXKTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX   | · · /   |                  |                |                   |                    |  |            |  |
| FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.CHANNEL LINE-UP AB1. CALL<br>SIGN2. B'CAST<br>CHANNEL<br>NUMBER3. TYPE<br>OF<br>OF<br>STATION4. DISTANT?<br>(Yes or No)5. BASIS OF<br>CARRIAGE<br>(If Distant)6. LOCATION OF STATIONKRBC-NBC9NNOABILENE, TXKTXS-ABC12NNOSWEETWATER, TXKXVA-FOX15INOABILENE, TXKTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX   |   |                  |                |                   |                    |  |            |  |
| CHANNEL LINE-UPAB1. CALL<br>SIGN2. B'CAST<br>CHANNEL<br>CHANNEL<br>NUMBER3. TYPE<br>OF<br>OF<br>STATION4. DISTANT?<br>(Yes or No)5. BASIS OF<br>CARRIAGE<br>(If Distant)6. LOCATION OF STATIONKRBC-NBC9NNOABILENE, TXKTXS-ABC12NNOSWEETWATER, TXKXVA-FOX15INOABILENE, TXKTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX  |   |                  |                |                   |                    |  |            |  |
| 1. CALL<br>SIGN2. B'CAST<br>CHANNEL<br>NUMBER3. TYPE<br>OF<br>STATION4. DISTANT?<br>(Yes or No)5. BASIS OF<br>CARRIAGE<br>(If Distant)6. LOCATION OF STATIONKRBC-NBC9NNOABILENE, TXKTXS-ABC12NNOSWEETWATER, TXKXVA-FOX15INOABILENE, TXKTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX  | Note: If you are utiliz   | ing multiple cha | nnel line-ups, | , use a separate  | e space G for eac  | ch channel line-up.                    |            |  |
| SIGNCHANNEL<br>NUMBEROF<br>STATION(Yes or No)CARRIAGE<br>(If Distant)KRBC-NBC9NNOABILENE, TXKTXS-ABC12NNOSWEETWATER, TXKXVA-FOX15INOABILENE, TXKTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX   |   |                  | CHANN          | EL LINE-UP        | AB                 |  | _          |  |
| NUMBERSTATION(If Distant)KRBC-NBC9NNOABILENE, TXKTXS-ABC12NNOSWEETWATER, TXKXVA-FOX15INOABILENE, TXKTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX   | 1. CALL   | 2. B'CAST        | 3. TYPE        | 4. DISTANT?       |                    | 6. LOCATION OF STATION                 |            |  |
| KRBC-NBC9NNOABILENE, TXKTXS-ABC12NNOSWEETWATER, TXKXVA-FOX15INOABILENE, TXKTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX  | SIGN  |                  | -              | (Yes or No)       |                    |  |            |  |
| KTXS-ABC12NNOSWEETWATER, TXKXVA-FOX15INOABILENE, TXKTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX   |   | -                |                |                   | (If Distant)       |  | -          |  |
| KXVA-FOX15INOABILENE, TXKTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX  |   |                  |                |                   |                    |  |            |  |
| KTAB-CBS32NNOABILENE, TXKTXS-CW52IYES0ABILENE, TX  |   |                  | N              |                   |                    |  |            |  |
| KTXS-CW 52 I YES 0 ABILENE, TX   | KXVA-FOX  | 15               | I              | NO                |                    | ABILENE, TX                            | m          |  |
|  | KTAB-CBS  | 32               | N              | NO                |                    | ABILENE, TX                            |            |  |
| KTAB-TELEM       93       I       YES       0       ABILENE, TX         Image: State   | KTXS-CW   | 52               | I              | YES               | 0                  | ABILENE, TX                            |            |  |
|  | KTAB-TELEM  | 93               | I              | YES               | 0                  | ABILENE, TX                            |            |  |
|  |   |                  |                |                   |                    |  |            |  |
| Image: Second  |   |                  |                |                   |                    |  |            |  |
|  |   |                  |                |                   |                    |  | m          |  |
|  |   |                  |                |                   |                    |  |            |  |
| Image: selection of the  |   |                  |                |                   |                    |  |            |  |
| Image: Antipole of the second of the seco  |   |                  |                |                   |                    |  |            |  |
|  |   |                  |                |                   |                    |  |            |  |
|  |   |                  |                |                   |                    |  |            |  |
|  |   |                  |                |                   |                    |  | m          |  |
| Image: Section of the section of th  |   |                  |                |                   |                    |  |            |  |
|  |   |                  |                |                   |                    |  |            |  |
|  |   |                  |                |                   |                    |  |            |  |
|  |   |                  |                |                   |                    |  |            |  |
|  |   |                  |                |                   |                    |  | n          |  |
|  |   |                  | <u> </u>       |                   | <u> </u>           | <u> </u>                               | <u> </u>   |  |

|                                     | ACCOUNTING FERIOD: 20 |
|-------------------------------------|-----------------------|
| FORM SA3E. PAGE 3.                  |                       |
| LEGAL NAME OF OWNER OF CABLE SYSTEM | SYSTEM ID#            |

| LEGAL NAME OF OWN  | IER OF CABLE SY  | STEM:   |   |  | SYSTEM ID#   |   |
|--|--|---|---|--|--|---|
| SANTA ROSA   |  |   | RATIVE, INC.  |  | 62467  | Name  |
| PRIMARY TRANSMITT  | ERS: TELEVISIO   | N   |   |  |  |   |
| In General: In space of carried by your cables of CC rules and regular 76.59(d)(2) and (4), 76 substitute program basis under specific FC of Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List ead each multicast stream as "WETA-simulcast). Column 2: Give th its community of licens on which your cable system carried the distant station of local serv Column 5: If you h cable system carried the distant station of the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the the system carried the distant station of the set the cable system carried the distant station of the set the column 6: Give the the system and tion "E" (exempt). For explanation of these the Column 6: Give the the set the column 6: Give the the column 6: Give the the set the column 6: Give the the column | G, identify ever<br>system during t<br>ions in effect o<br>5.61(e)(2) and (<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regula<br>here in space<br>only on a subs<br>and also in spa<br>formation condorm.<br>ch station's call<br>associated with<br>A-2". Simulcast<br>e channel num<br>se. For example<br>ystem carried the<br>e neach case of<br>e entering the le<br>cast), "E" (for n<br>ese terms, see<br>lation is outside<br>ice area, see p<br>ave entered "Y<br>he distant statifition on a part-ti<br>sion of a distant<br>t entered into o<br>a primary trans<br>simulcasts, als<br>nee categories<br>e location of ea<br>Canadian static | y television sinhe accountine<br>in June 24, 19<br>(4), or 76.63 (<br>(4), or 76.63 (<br>(5), or auti-<br>genetic to an<br>ations, or auti-<br>ations, if any, given<br>and ation at an<br>atom of a station at<br>a station at a<br>a station at a<br>a station at a station<br>at a station at a<br>a station at a<br>a station at a station<br>at a station at a<br>a station at a station<br>at a station at a<br>a station at a station at a<br>a station. For<br>a station, frank, given<br>at a station, given at a station, frank, given<br>at a station, frank, given at a station at a station, frank, given<br>at a station, frank, given at a station at a station, frank, given at a station at a station. For<br>a station, frank, given at a station at a station at a station at a station. For<br>a station, frank, given at a station at a station at a station at a station. For<br>a station, frank, given at a station at | g period except<br>81, permitting t<br>referring to 76.6<br>paragraph<br>y distant station<br>norizations:<br>st it in space I (ti<br>ation was carried<br>tute basis static<br>report originatic<br>cording to its or<br>t be reported in<br>has assigned to<br>has assigned | (1) stations carrie<br>the carriage of ce<br>61(e)(2) and (4))]<br>as carried by your<br>the Special Stater<br>ad both on a subs<br>ons, see page (v)<br>on program servic<br>ver-the-air design<br>column 1 (list ea<br>the television station, an ind<br>(for network mult<br>or "E-M" (for non-<br>uctions located in thom<br>plete column 5<br>iod. Indicate by e<br>activated channe<br>subject to a royal<br>etween a cable s<br>esenting the prime<br>channel on any<br>instructions location<br>a, list the community with | Yes". If not, enter "No". For an ex<br>he paper SA3 form<br>5, stating the basis on which you<br>entering "LAC" if your cable syster<br>el capacity<br>Ity payment because it is the subjec<br>system or an association representin<br>hary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ity to which the station is licensed by the<br>ith which the station is identifec | G<br>Primary<br>Transmitters:<br>Television |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL   | CHANN<br>3. TYPE<br>OF  | EL LINE-UP<br>4. DISTANT?<br>(Yes or No)  | AC<br>5. BASIS OF<br>CARRIAGE  | 6. LOCATION OF STATION   |   |
| 31011  | NUMBER   | STATION   | (Tes of No)   | (If Distant)   |  |   |
| KFDX-NBC   | 3  | N   | YES   | 0  | WICHITA FALLS, TX  |   |
| KAUZ-CBS   | 6  | N   | YES   | 0  | WICHITA FALLS, TX  |   |
| KSWO-ABC   | 7  | N   | YES   | 0  | LAWTON, OK   |   |
| KRBC-NBC   | 9  | N   | NO  |  | ABILENE, TX  |   |
| KTXS-ABC   | 12   | N   | NO  |  | SWEETWATER, TX   |   |
| KXVA-FOX   | 15   | I   | NO  |  | ABILENE, TX  |   |
| KJTL-FOX   | 18   | I   | YES   | 0  | WICHITA FALLS, TX  |   |
| KTAB-CBS   | 32   | N   | NO  |  | ABILENE, TX  |   |
| KJBO-MY TV   | 35   | N   | YES   | 0  | WICHITA FALLS, TX  |   |
| KSWO-TELEM   | 44   | I   | YES   | 0  | LAWTON, OK   |   |
| KAUZ-CW  | 50   | I   | YES   | 0  | WICHITA FALLS, TX  |   |
| KTXS-CW  | 52   | I   | NO  |  | ABILENE, TX  |   |
| KTAB-TELEM   | 93   | I   | NO  |  | ABILENE, TX  |   |
|  |  |   |   |  |  |   |
|  |  |   |   |  |  |   |
|  |  |   |   |  |  |   |

|                                      | ACCOUNTING FERIOD: 20 |
|--------------------------------------|-----------------------|
| FORM SA3E. PAGE 3.                   |                       |
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID#            |

| LEGAL NAME OF OWN                                  | IER OF CABLE SY      | STEM:          |                            |                         | SYSTEM ID#  |               |
|--|----------------------|----------------|----------------------------|-------------------------|---|---------------|
| SANTA ROSA   | TELEPHONE            |                | RATIVE, INC.               |                         | 62467   | Name          |
| PRIMARY TRANSMITT                                  | ERS: TELEVISIO       | ON             |                            |                         |   |               |
| In General: In space (                             | G, identify every    | y television s | tation (including          | translator statior      | ns and low power television stations)                                       | •             |
|  |                      |                | • · · ·                    | . ,                     | ed only on a part-time basis under  | G             |
| •  |                      |                |                            | •                       | rtain network programs [section:<br>; and (2) certain stations carried on a | Primary       |
| substitute program bas                             | sis, as explaine     | d in the next  | paragraph                  |                         |   | Transmitters: |
| Substitute Basis S<br>basis under specifc FC       |                      | •              |                            | s carried by your       | cable system on a substitute progran  | Television    |
|  | -                    |                |                            | he Special Stater       | nent and Program Log)—if the  |               |
| station was carried                                | •                    |                | ation was carrie           | d both on a cuba        | titute basis and also an same othe  |               |
|  | nformation conc      |                |                            |                         | titute basis and also on some othe of the general instructions located      |               |
|  |                      | sign. Do not   | report originatio          | on program servic       | es such as HBO, ESPN, etc. Identify   |               |
|  |                      |                |                            |                         | ation. For example, report multi<br>ch stream separately; for example       |               |
| WETA-simulcast).                                   | -z . Simulasi        | streams mus    | t be reported in           | column r (list ea       | ch stream separately, for example   |               |
|  |                      |                | -                          |                         | ation for broadcasting over-the-air in                                      |               |
| on which your cable sy                             |                      |                | iannel 4 in Was            | hington, D.C. Thi       | s may be different from the channe  |               |
| Column 3: Indicate                                 | e in each case ν     | whether the s  |                            |                         | dependent station, or a noncommercia  |               |
|  |                      |                |                            |                         | icast), "I" (for independent), "I-M<br>commercial educational multicast)    |               |
| For the meaning of the                             | ese terms, see       | page (v) of th | e general instru           | ictions located in      | the paper SA3 form  |               |
|  |                      |                |                            | ,                       | Yes". If not, enter "No". For an ex   |               |
| planation of local servi<br>Column 5: If you h     |                      |                |                            |                         | , stating the basis on which you  |               |
|  |                      | -              | • ·                        | •                       | ntering "LAC" if your cable syster  |               |
| carried the distant stat                           | •                    |                |                            |                         | I capacity<br>Ity payment because it is the subjec                          |               |
|  |                      |                |                            |                         | ystem or an association representin   |               |
| •  |                      |                | •                          | <b>U</b> 1              | ary transmitter, enter the designa  |               |
| · · /  |                      |                |                            |                         | other basis, enter "O." For a furthe<br>ted in the paper SA3 form           |               |
| Column 6: Give the                                 | e location of ea     | ch station. Fo | or U.S. stations,          | list the commun         | ity to which the station is licensed by the                                 |               |
| FCC. For Mexican or (<br>Note: If you are utilizir |                      |                |                            |                         | ith which the station is identifec  |               |
|  |                      |                | EL LINE-UP                 |                         |   |               |
|  |                      |                |                            |                         |   | -             |
| 1. CALL<br>SIGN                                    | 2. B'CAST<br>CHANNEL | 3. TYPE<br>OF  | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE | 6. LOCATION OF STATION  |               |
|  | NUMBER               | STATION        | (103 01 10)                | (If Distant)            |   |               |
| KACV-PBS   | 2                    | Е              | NO                         |                         | AMARILLO, TX  |               |
| KAMR-NBC   | 4                    | Ν              | NO                         |                         | AMARILLO, TX  |               |
| KVII-ABC   | 5                    | N              | NO                         |                         | AMARILLO, TX  |               |
| KFDA-CBS   | 10                   | N              | NO                         |                         | AMARILLO, TX  | 1             |
| KCIT-FOX   | 14                   | I              | NO                         |                         | AMARILLO, TX  |               |
| KZBZ-NEWS  | 96                   | Ī              | NO                         |                         | AMARILLO, TX  |               |
| KEYU-TELE  | 97                   | I              | NO                         |                         | AMARILLO, TX  | 1             |
|  |                      | י<br>ב         |                            |                         |   |               |
| KACV-V-ME  | 102                  | E              | NO                         |                         | AMARILLO, TX  |               |
| KCPN-MY NET  | 104                  | I              | NO                         |                         |   | 4             |
| KVII-COMET   | 105                  | I              | NO                         |                         | AMARILLO, TX  | 1             |
| KVII-CW  |                      |                |                            |                         |   |               |
|  | 106                  | l              | NO                         |                         | AMARILLO, TX  |               |
|  | 106                  | l              | NO                         |                         |   |               |
|  | 106                  | I              | NO                         |                         |   |               |
|  | 106                  | <b>I</b>       | NO                         |                         |   |               |
|  | 106                  | <b>I</b>       | NO                         |                         |   |               |
|  | 106                  | <b>I</b>       | NO                         |                         |   |               |
|  | 106                  | I              | NO                         |                         |   |               |
|  | 106                  |                | NO                         |                         |   |               |

Transmitters:

Television

| FORM SA3E. PAGE 3.   |            |      |  |  |  |
|--|------------|------|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID# | N    |  |  |  |
| SANTA ROSA TELEPHONE COOPERATIVE, INC.   | 62467      | Name |  |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |            |      |  |  |  |
| <b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under |            |      |  |  |  |

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

|                 |                                | CHANN | AE          |   |                        |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER |       | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
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Transmitters:

Television

| FORM SA3E. PAGE 3.  |            |       |  |  |  |
|---|------------|-------|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# | Norma |  |  |  |
| SANTA ROSA TELEPHONE COOPERATIVE, INC.  | 62467      | Name  |  |  |  |
| PRIMARY TRANSMITTERS: TELEVISION  |            |       |  |  |  |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under |            |       |  |  |  |

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on  $\varepsilon$  substitute program basis, as explained in the next paragraph **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

|                 |                                | CHANN | EL LINE-UP  | AF                                      |                        |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | -     | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
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Transmitters:

Television

| FORM SA3E. PAGE 3.  |            |         |  |  |  |
|---|------------|---------|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# | Name    |  |  |  |
| SANTA ROSA TELEPHONE COOPERATIVE, INC. 62467  |            |         |  |  |  |
| PRIMARY TRANSMITTERS: TELEVISION  |            |         |  |  |  |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under |            |         |  |  |  |
| FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [ $76.59(d)(2)$ and (4), $76.61(e)(2)$ and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations                  |            | Primary |  |  |  |

substitute program basis, as explained in the next paragraph

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

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

|                 |                                | CHANN | EL LINE-UP  | AG                                      |                        |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | -     | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF   | OWNER OF CABLE S  | YSTEM:   |  |   | SYSTEM ID#  | Name                                       |  |
|---|---|--|--|---|---|--|--|
| SANTA ROSA TELEPHONE COOPERATIVE, INC. 62467  |   |  |  |   |   |  |  |
| RIMARY TRANS  | MITTERS: TELEVIS  | ION  |  |   |   |  |  |
| carried by your of<br>FCC rules and re<br>76.59(d)(2) and (<br>substitute progra<br><b>Substitute B</b><br>basis under spect<br>Do not list the s<br>station was ca<br>List the station<br>basis. For furt<br>in the paper S  | able system during<br>egulations in effect of<br>(4), 76.61(e)(2) and<br>m basis, as explain<br><b>asis Stations:</b> With<br>bifc FCC rules, regu<br>tation here in space<br>arried only on a sub<br>here, and also in sp<br>her information con<br>(A3 form.  | the accountin<br>on June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>lations, or autil<br>e G—but do lis<br>stitute basis<br>bace I, if the st<br>cerning subst  | g period except<br>081, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (t<br>ation was carrie<br>itute basis statio  | (1) stations carrie<br>he carriage of cer<br>51(e)(2) and (4))];<br>is carried by your<br>he Special Statem<br>ed both on a subst<br>ons, see page (v)  | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [section:<br>and (2) certain stations carried on a<br>cable system on a substitute program<br>nent and Program Log)—if the<br>itute basis and also on some othe<br>of the general instructions located<br>es such as HBO, ESPN, etc. Identify           | G<br>Primary<br>Transmitters<br>Television |  |
| cast stream as "\<br>WETA-simulcast<br>Column 2: Gi<br>ts community of<br>on which your ca<br>Column 3: In<br>educational statii<br>(for independent<br>For the meaning<br>Column 4: If<br>olanation of local<br>Column 5: If<br>cable system car<br>carried the distar<br>For the retran<br>of a written agree<br>the cable system<br>tion "E" (exempt)<br>explanation of th<br>Column 6: Gi<br>FCC. For Mexical | NETA-2". Simulcasi<br>).<br>ve the channel num<br>license. For examp<br>ble system carried<br>dicate in each case<br>on, by entering the l<br>multicast), "E" (for<br>of these terms, see<br>the station is outsid<br>service area, see p<br>you have entered "'<br>ried the distant stat<br>th station on a part-t<br>smission of a distar<br>ement entered into o<br>and a primary tran<br>. For simulcasts, als<br>ese three categorie<br>ve the location of e | t streams mus<br>aber the FCC  <br>le, WRC is Cr<br>the station<br>whether the s<br>etter "N" (for r<br>noncommercia<br>e page (v) of the<br>respage (v) of the<br>respanse (v | t be reported in<br>has assigned to<br>hannel 4 in Was<br>station is a netw<br>network), "N-M"<br>al educational),<br>he general instru-<br>vice area, (i.e. '<br>a general instru-<br>to 4, you must co<br>accounting per<br>accounting p | column 1 (list each<br>the television sta<br>hington, D.C. This<br>ork station, an ind<br>(for network multi<br>or "E-M" (for nonc<br>uctions located in th<br>distant"), enter "Y<br>tions located in th<br>omplete column 5,<br>iod. Indicate by er<br>activated channel<br>subject to a royalt<br>etween a cable sy<br>esenting the prima<br>e channel on any c<br>instructions locat<br>, list the community with | stating the basis on which you<br>htering "LAC" if your cable syster<br>capacity<br>ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec |  |  |
|   |   | •  | EL LINE-UP   | •   |   |  |  |
|   |   |  |  |   |   |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |  |  |
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Transmitters:

Television

| FORM SA3E. PAGE 3.   |            |      |  |  |  |
|--|------------|------|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID# |      |  |  |  |
| SANTA ROSA TELEPHONE COOPERATIVE, INC.   | 62467      | Name |  |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |            |      |  |  |  |
| <b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under |            |      |  |  |  |

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER |          | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
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| SANTA ROSA TELEPHONE COOPERATIVE, INC.       62467         PRIMARY TRANSMITTERS: TELEVISION       In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a   |  | SYSTEM ID#   |  |  | STEM:  | ER OF CABLE SY   | FORM SA3E. PAGE 3.<br>LEGAL NAME OF OWNE  |
|---|--|--|--|--|--|--|---|
| PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: F6.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space 1, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, weft-A-simi Cast, Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts community of license, For example, WEC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter 'N' (for network multicast), "T' (for independent), "I-M for independent multicast), "E' (for noncommercial educational store column 5, stating the basis on the paper SA3 form Column 4: If the | Name                                       |  |  | RATIVE, INC.   |  |  |   |
| arried by your cable system during the accounting period except (1) stations carried only on a part-time basis under         CC rules and regulations in effect on June 24, 1981, permiting the carriage of certain network programs (section:         6.59(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 ubstitute 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 progran asis under specife FCC rules, regulations, or authorizations.         Do not list the station here in space C—but do list t in space 1 (the Special Statement and Program Log)—if the station here, and also in space I, if the station was carried by ton on substitute basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater 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 ach multicast stream associated with a station according to its over-the-air designation. For example, report multi ast stream associated with a station according to its over-the-air designation. For example, report multi ast stream associated with e station is a network station, an independent station, or a noncommercize ducational station, by entering the letter 'N' (for network multicast), "' (for independent), "HM for independent multicast)," "E (for noncommercial educational), or "E-W" (for network multicast), "' (for independent), "LM for independent multicast)," "E (for noncommercial educational), or E-W" (for network multicast), "' (for independent), "LM for independent multicast," "E (for noncommercial educational), or "E-W" (for network multicast), "' (for independent), "LM for   |  |  |  | ,  |  |  |   |
| 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 ECC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.         ECC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.         Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.         CHANNEL LINE-UP       AJ         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       0F       (Yes or No)       CARRIAGE       6. LOCATION OF STATION   | G<br>Primary<br>Transmitters<br>Television | and low power television stations)<br>only on a part-time basis under<br>in network programs [section:<br>nd (2) certain stations carried on a<br>able system on a substitute program<br>nt and Program Log)—if the<br>the basis and also on some othe<br>the general instructions located<br>such as HBO, ESPN, etc. Identify<br>on. For example, report multi<br>stream separately; for example<br>on for broadcasting over-the-air ir<br>may be different from the channe<br>bendent station, or a noncommercia<br>est), "I" (for independent), "I-M<br>mmercial educational multicast)<br>e paper SA3 form<br>". If not, enter "No". For an ex<br>paper SA3 form<br>tating the basis on which you<br>ering "LAC" if your cable syster<br>apacity<br>payment because it is the subjected<br>tem or an association representin<br>y transmitter, enter the designa | (1) stations carrie<br>the carriage of cert<br>51(e)(2) and (4))];<br>is carried by your of<br>the Special Statem<br>d both on a substi-<br>ins, see page (v) of<br>n program service<br>ver-the-air designa<br>column 1 (list eac<br>the television stat<br>hington, D.C. This<br>prk station, an inde<br>(for network multion<br>or "E-M" (for nonco-<br>ctions located in the<br>distant"), enter "Ye<br>tions located in the<br>mplete column 5,<br>od. Indicate by en<br>activated channel<br>subject to a royalty<br>etween a cable sy<br>esenting the prima | tation (including<br>g period except<br>)81, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (tl<br>ation was carrie<br>itute basis static<br>report originatic<br>coording to its ov<br>t be reported in<br>has assigned to<br>hannel 4 in Wasi<br>station is a netwo<br>hetwork), "N-M"<br>al educational),<br>to general instruct<br>o 4, you must co<br>accounting per<br>ause of lack of<br>eam that is not<br>une 30, 2009, b<br>association reported | DN<br>y television s<br>he accountin<br>n June 24, 19<br>(4), or 76.63 (<br>ad in the next<br>respect to an<br>ations, or autil<br>G—but do lis-<br>titute basis<br>ace I, if the st<br>cerning subst<br>sign. Do not<br>h a station ac<br>streams mus<br>ber the FCC I<br>e, WRC is Ch<br>he station<br>whether the s<br>etter "N" (for r<br>on commercia<br>page (v) of the<br>e the local ser<br>age (v) of the<br>es" in column<br>on during the<br>me basis bect<br>t multicast str<br>n or before J<br>smitter or an a | RS: TELEVISION<br>RS: TELEVISION<br>A contract of the second s | PRIMARY TRANSMITTE<br>In General: In space G<br>carried by your cable s<br>FCC rules and regulation<br>76.59(d)(2) and (4), 76<br>substitute program bass<br>Substitute program bass<br>Substitute Basis S<br>pass under specific FC<br>Do not list the station<br>station was carried of<br>List the station here, a<br>basis. For further inti-<br>in the paper SA3 for<br>Column 1: List each<br>each multicast stream a<br>station station as "WETA-<br>WETA-simulcast).<br>Column 2: Give the<br>station of licens<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by<br>for independent multic<br>For the meaning of the<br>column 5: If you ha<br>cable system carried th<br>carried the distant stati<br>For the retransmission<br>of a written agreement<br>the cable system and a |
| 1. CALL     2. B'CAST     3. TYPE     4. DISTANT?     5. BASIS OF     6. LOCATION OF STATION       SIGN     OF     (Yes or No)     CARRIAGE     6. LOCATION OF STATION  |  | y transmitter, enter the designa<br>her basis, enter "O." For a furthe<br>I in the paper SA3 form<br>to which the station is licensed by the<br>which the station is identifec   | esenting the prima<br>channel on any o<br>instructions locate<br>list the communit<br>he community with  | association repro<br>you carried the<br>of the general<br>or U.S. stations,<br>ve the name of t  | mitter or an a<br>o enter "E". If<br>, see page (v<br>ach station. Fe<br>ons, if any, giv  | a primary trans<br>simulcasts, als<br>ree categories<br>location of ea<br>Canadian static  | the cable system and a<br>ion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C  |
| SIGN CHANNEL OF (Yes or No) CARRIAGE  |  |  | AJ   | EL LINE-UP   | CHANN  |  |   |
| Image: Second                               |  | LOCATION OF STATION  | CARRIAGE   | (Yes or No)  | OF   | CHANNEL  |   |
| Image: Second Secon           |  |  |  |  |  |  |   |
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Transmitters:

Television

| FORM SA3E. PAGE 3.   |            |      |  |  |  |
|--|------------|------|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID# |      |  |  |  |
| SANTA ROSA TELEPHONE COOPERATIVE, INC.   | 62467      | Name |  |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |            |      |  |  |  |
| <b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under |            |      |  |  |  |

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
|-----------------|--------------------------------|-------------|---|------------------------|
|                 |                                | <br>        |   |                        |
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Transmitters:

Television

| FORM SA3E. PAGE 3.  |            |      |  |  |  |
|---|------------|------|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# |      |  |  |  |
| SANTA ROSA TELEPHONE COOPERATIVE, INC.  | 62467      | Name |  |  |  |
| PRIMARY TRANSMITTERS: TELEVISION  |            |      |  |  |  |
| In General: In space G, identify every television station (including translator stations and low power television stations) |            |      |  |  |  |

carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
|-----------------|--------------------------------|-------------|---|------------------------|
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| LEGAL NAME O  | F OWNER OF CABLE SY  | STEM:  |   |   |  | SYSTEM ID#  | Name                                       |
|---|--|--|---|---|--|---|--|
| SANTA RC  | OSA TELEPHON   |  | RATIVE, INC.  | ·   |  | 62467   | Name                                       |
| RIMARY TRANS  | SMITTERS: TELEVISI   | ON   |   |   |  |   |  |
| n General: In sp<br>arried by your of<br>CC rules and re<br>6.59(d)(2) and d<br>ubstitute progra<br>Substitute progra<br>Substitute progra<br>Substitute Ba<br>asis under spec<br>Do not list the s<br>station was cr<br>List the station<br>basis. For furl<br>in the paper S<br>Column 1: Li<br>ach multicast sf<br>ast stream as "<br>VETA-simulcast<br>Column 2: G<br>s community of<br>n which your ca<br>Column 3: In<br>ducational stati<br>for independent<br>for the meaning<br>Column 4: If<br>lanation of loca<br>Column 5: If | pace G, identify ever<br>cable system during<br>egulations in effect of<br>(4), 76.61(e)(2) and<br>am basis, as explained<br>asis Stations: With<br>cifc FCC rules, regul<br>station here in space<br>arried only on a subs<br>here, and also in sp<br>ther information com<br>SA3 form.<br>Ist each station's call<br>tream associated with<br>WETA-2". Simulcast<br>t).<br>ive the channel num<br>license. For exampl<br>able system carried t<br>dicate in each case<br>on, by entering the la<br>multicast), "E" (for r<br>of these terms, see<br>the station is outside<br>I service area, see p<br>you have entered "Y | y television s<br>the accountin<br>on June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or autil<br>e G—but do lis<br>stitute basis<br>ace I, if the st<br>cerning subst<br>l sign. Do not<br>th a station ac<br>streams mus<br>ber the FCC  <br>e, WRC is Ch<br>he station<br>whether the s<br>etter "N" (for n<br>oncommercia<br>page (v) of the<br>'es" in column<br>on during the | g period except<br>981, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (th<br>ation was carried<br>itute basis station<br>report origination<br>coording to its or<br>it be reported in<br>has assigned to<br>hannel 4 in Was<br>station is a network), "N-M"<br>al educational),<br>ne general instru-<br>vice area, (i.e. for<br>accounting per | (1) stations carrie<br>he carriage of cer<br>51(e)(2) and (4))];<br>is carried by your<br>he Special Statem<br>ed both on a subst<br>ons, see page (v)<br>on program service<br>ver-the-air designa<br>column 1 (list eac<br>the television sta<br>hington, D.C. This<br>ork station, an ind<br>(for network multi<br>or "E-M" (for nonc<br>ictions located in th<br>distant"), enter "Y<br>tions located in thomplete column 5,<br>iod. Indicate by er | es". If not, enter "No". For<br>e paper SA3 form<br>stating the basis on which<br>htering "LAC" if your cable  | s under<br>ctions<br>rried on a<br>te progran<br>the<br>ne othe<br>locatec<br>c. Identify<br>multi<br>kample<br>the-air ir<br>channe<br>commercia<br>"I-M<br>Iticast)<br>an ex<br>you | G<br>Primary<br>Transmitters<br>Television |
| For the retran<br>f a written agree<br>ne cable system<br>on "E" (exempt)   | nsmission of a distan<br>ement entered into c<br>n and a primary trans<br>). For simulcasts, als   | t multicast str<br>on or before J<br>smitter or an a<br>so enter "E". If   | eam that is not<br>une 30, 2009, b<br>association repr<br>f you carried the   | subject to a royalt<br>etween a cable sy<br>esenting the prima<br>channel on any c  | y payment because it is the<br>stem or an association rep<br>ary transmitter, enter the de<br>other basis, enter "O." For a<br>ed in the paper SA3 form  | oresentin<br>esigna   |  |
| For the retran<br>of a written agree<br>he cable system<br>ion "E" (exempt)<br>explanation of th<br><b>Column 6:</b> G  | nsmission of a distan<br>ement entered into o<br>n and a primary trans<br>). For simulcasts, als<br>uese three categories<br>ive the location of ea  | t multicast str<br>on or before J<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo  | eam that is not<br>une 30, 2009, b<br>association repr<br>f you carried the<br>t) of the general<br>or U.S. stations,   | subject to a royalt<br>etween a cable sy<br>esenting the prima<br>e channel on any c<br>instructions locat<br>list the communit   | y payment because it is the<br>rstem or an association rep<br>ary transmitter, enter the de<br>other basis, enter "O." For a<br>ed in the paper SA3 form<br>y to which the station is lic  | oresentin<br>esigna<br>a furthe<br>ensed by the   |  |
| For the retran<br>of a written agree<br>the cable system<br>on "E" (exempt)<br>explanation of th<br><b>Column 6:</b> G<br>FCC. For Mexica   | nsmission of a distan<br>ement entered into o<br>n and a primary trans<br>). For simulcasts, als<br>uese three categories<br>ive the location of ea  | t multicast str<br>on or before J<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fe<br>ons, if any, giv  | ream that is not<br>une 30, 2009, b<br>association repro-<br>f you carried the<br>() of the general<br>or U.S. stations,<br>we the name of t  | subject to a royalt<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>the community wit  | y payment because it is the<br>rstem or an association rep<br>ary transmitter, enter the de<br>other basis, enter "O." For a<br>ed in the paper SA3 form<br>y to which the station is lic<br>h which the station is ident                        | oresentin<br>esigna<br>a furthe<br>ensed by the   |  |
| For the retran<br>of a written agree<br>he cable system<br>ion "E" (exempt)<br>explanation of th<br><b>Column 6:</b> G<br>FCC. For Mexica   | nsmission of a distan<br>ement entered into o<br>n and a primary trans<br>). For simulcasts, als<br>uese three categories<br>vive the location of ea<br>an or Canadian statio  | t multicast str<br>on or before J<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups.  | ream that is not<br>une 30, 2009, b<br>association repro-<br>f you carried the<br>() of the general<br>or U.S. stations,<br>we the name of t  | subject to a royalt<br>etween a cable sy<br>esenting the prima<br>e channel on any c<br>instructions locat<br>list the communit<br>the community wit<br>e space G for each  | y payment because it is the<br>rstem or an association rep<br>ary transmitter, enter the de<br>other basis, enter "O." For a<br>ed in the paper SA3 form<br>y to which the station is lic<br>h which the station is ident                        | oresentin<br>esigna<br>a furthe<br>ensed by the   |  |
| For the retran<br>of a written agree<br>the cable system<br>on "E" (exempt)<br>explanation of th<br><b>Column 6:</b> G<br>CCC. For Mexica<br><b>lote:</b> If you are  | nsmission of a distan<br>ement entered into o<br>n and a primary trans<br>). For simulcasts, als<br>uese three categories<br>vive the location of ea<br>an or Canadian statio  | t multicast str<br>on or before J<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups.  | eam that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br>c) of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | subject to a royalt<br>etween a cable sy<br>esenting the prima<br>e channel on any c<br>instructions locat<br>list the communit<br>the community wit<br>e space G for each  | y payment because it is the<br>rstem or an association rep<br>ary transmitter, enter the de<br>other basis, enter "O." For a<br>ed in the paper SA3 form<br>y to which the station is lic<br>h which the station is ident                        | oresentin<br>esigna<br>a furthe<br>ensed by the<br>ifec   |  |
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Transmitters:

Television

| FORM SA3E. PAGE 3.          |   |            |      |
|-----------------------------|---|------------|------|
| LEGAL NAME OF OWNER OF CABL | E SYSTEM:   | SYSTEM ID# |      |
| SANTA ROSA TELEPH           | ONE COOPERATIVE, INC.   | 62467      | Name |
| PRIMARY TRANSMITTERS: TELE  | VISION  |            |      |
|                             | every television station (including translator stations and loon<br>ng the accounting period except (1) stations carried only o | · ,        | G    |

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

|                 |                                | CHANN | EL LINE-UP  | AN                                      |                        |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | -     | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |

Transmitters:

Television

| FORM SA3E. PAGE 3.  |            |         |
|---|------------|---------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# | N       |
| SANTA ROSA TELEPHONE COOPERATIVE, INC.  | 62467      | Name    |
| PRIMARY TRANSMITTERS: TELEVISION  |            |         |
| <b>n General:</b> In space G, identify every television station (including translator stations and low power tele<br>carried by your cable system during the accounting period except (1) stations carried only on a part-tim | ,          | G       |
| FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network program<br>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 stati     |            | Primary |

substitute program basis, as explained in the next paragraph

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

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

|                 |                                | CHANN | EL LINE-UP  | AO                                      |                        |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER |       | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
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| LEGAL NAME OF  | OWNER OF CABLE SY   | STEM  |  |   | U U U U  | EM ID# | Nama        |
|--|---|---|--|---|--|--------|-------------|
| SANTA RO   | SA TELEPHON   |   | RATIVE, INC.   |   |  | 62467  | Name        |
| RIMARY TRANSI  | MITTERS: TELEVISI   | ON  |  |   |  |        |             |
| •  |   |   | · · ·  |   | s and low power television stations)<br>d only on a part-time basis under  |        | G           |
| •••  |   |   | • · ·  | . ,   | tain network programs [section:  |        | Ŭ           |
|  | •   |   | · · ·  | 0   | and (2) certain stations carried on a  |        | Primary     |
|  | m basis, as explaine  |   |  |   |  |        | Transmitter |
|  | ifc FCC rules, regul  | -   | •  | s carried by your   | cable system on a substitute progra  | n      | Televisior  |
|  |   |   |  | he Special Statem   | ient and Program Log)—if the   |        |             |
| station was ca   | rried only on a subs  | stitute basis   |  |   |  |        |             |
|  | her information con   |   |  |   | itute basis and also on some othe<br>of the general instructions located   |        |             |
|  |   | sign. Do not  | report originatio  | on program service  | es such as HBO, ESPN, etc. Identify  |        |             |
|  |   | -   |  |   | ation. For example, report multi   |        |             |
|  |   | streams mus   | t be reported in   | column 1 (list ead  | h stream separately; for examplε   |        |             |
| VETA-simulcast)<br>Column 2: Giv   | ·   | ber the FCC I   | has assigned to  | the television sta  | tion for broadcasting over-the-air ir  |        |             |
|  |   |   | -  |   | may be different from the channe   |        |             |
| ,  | ble system carried t  |   |  |   |  |        |             |
|  |   |   |  |   | ependent station, or a noncommerci<br>cast), "I" (for independent), "I-M   | 12     |             |
|  |   | •   | ,.   | •   | ommercial educational multicast)   |        |             |
| or the meaning o   | of these terms, see   | page (v) of th  | ne general instru  | ictions located in  | he paper SA3 form  |        |             |
|  |   |   | •  | ,   | es". If not, enter "No". For an ex   |        |             |
|  | service area, see p   | 0 ()  | 0  |   | e paper SA3 form<br>stating the basis on which you   |        |             |
|  |   |   |  |   | ntering "LAC" if your cable system   |        |             |
| carried the distant  |   |   |  |   | <b>o</b> , ,   |        |             |
|  | it station on a part t  | ine basis bec   | ause of lack of  | activated channel   | capacity   |        |             |
| For the retrans  | smission of a distan  | t multicast str   | eam that is not  | subject to a royalt   | y payment because it is the subjec   |        |             |
| For the retrans<br>of a written agree  | smission of a distan<br>ement entered into c  | t multicast str<br>on or before J   | eam that is not<br>une 30, 2009, b   | subject to a royalt<br>etween a cable sy  | y payment because it is the subjec<br>stem or an association representin   |        |             |
| For the retrans<br>of a written agree<br>the cable system  | smission of a distan<br>ement entered into c<br>and a primary trans   | t multicast str<br>on or before J<br>smitter or an a  | eam that is not<br>une 30, 2009, b<br>association repr   | subject to a royalt<br>etween a cable sy<br>esenting the prima  | y payment because it is the subjec   |        |             |
| For the retrans<br>of a written agree<br>the cable system<br>tion "E" (exempt).<br>explanation of the  | smission of a distan<br>ment entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories   | t multicast str<br>on or before Ju<br>smitter or an a<br>so enter "E". If<br>s, see page (v   | eam that is not<br>une 30, 2009, b<br>association repr<br>f you carried the<br>/) of the general   | subject to a royalt<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat  | y payment because it is the subject<br>restem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form  |        |             |
| For the retrans<br>of a written agree<br>the cable system<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv  | smission of a distan<br>ment entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories<br>ve the location of ea  | t multicast str<br>on or before Ju<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo  | eam that is not<br>une 30, 2009, b<br>association repr<br>f you carried the<br>t) of the general<br>or U.S. stations,  | subject to a royalt<br>etween a cable sy<br>esenting the prima<br>e channel on any c<br>instructions locat<br>list the communit   | y payment because it is the subject<br>restem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by   | th     |             |
| For the retrans<br>of a written agree<br>the cable system<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar                              | smission of a distan<br>ment entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories<br>ve the location of ea  | t multicast str<br>on or before Ju<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv  | ream that is not<br>une 30, 2009, b<br>association repro-<br>f you carried the<br>/) of the general<br>or U.S. stations,<br>we the name of t   | subject to a royall<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the community wit  | y payment because it is the subject<br>restem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by<br>h which the station is identifec                       | th     |             |
| For the retrans<br>of a written agree<br>the cable system<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar                              | smission of a distan<br>ament entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories<br>ve the location of ea<br>n or Canadian statio   | t multicast str<br>on or before Ju<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,                                | ream that is not<br>une 30, 2009, b<br>association repro-<br>f you carried the<br>/) of the general<br>or U.S. stations,<br>we the name of t   | subject to a royall<br>etween a cable sy<br>esenting the prime<br>channel on any c<br>instructions locat<br>list the communit<br>the community wit<br>e space G for each                                    | y payment because it is the subject<br>restem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by<br>h which the station is identifec                       | th     |             |
| For the retrans<br>of a written agree<br>the cable system<br>ion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u  | smission of a distan<br>ement entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories<br>ve the location of ea<br>n or Canadian statio<br>utilizing multiple cha                         | t multicast str<br>on or before Justice or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN                             | eam that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br><i>i</i> ) of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b>                       | subject to a royall<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the community<br>the community wite<br>e space G for each<br>AP                            | y payment because it is the subject<br>stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by<br>h which the station is identified<br>in channel line-up. | th     |             |
| For the retrans<br>of a written agree<br>the cable system<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are u | smission of a distan<br>ement entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories<br>ve the location of ea<br>n or Canadian statio<br>utilizing multiple cha                         | t multicast str<br>on or before Justice or an a<br>co enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE                  | eam that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br>c) of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?                | subject to a royall<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the community<br>the community wite<br>e space G for each<br>AP<br>5. BASIS OF             | y payment because it is the subject<br>restem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by<br>h which the station is identifec                       | th     |             |
| For the retrans<br>of a written agree<br>the cable system<br>ion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u  | smission of a distan<br>ement entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories<br>ve the location of ea<br>n or Canadian statio<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | t multicast str<br>on or before Justimitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | eam that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br>c) of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No) | subject to a royall<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the community<br>the community wite<br>e space G for each<br>AP<br>5. BASIS OF<br>CARRIAGE | y payment because it is the subject<br>stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by<br>h which the station is identified<br>in channel line-up. | th     |             |
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| For the retranso<br>of a written agree<br>he cable system<br>ion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br>Note: If you are u         | smission of a distan<br>ement entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories<br>ve the location of ea<br>n or Canadian statio<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | t multicast str<br>on or before Justimitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | eam that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br>c) of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No) | subject to a royall<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the community<br>the community wite<br>e space G for each<br>AP<br>5. BASIS OF<br>CARRIAGE | y payment because it is the subject<br>stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by<br>h which the station is identified<br>in channel line-up. | th:    |             |
| For the retrans<br>of a written agree<br>the cable system<br>ion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are u  | smission of a distan<br>ement entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories<br>ve the location of ea<br>n or Canadian statio<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | t multicast str<br>on or before Justimitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF | eam that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br>c) of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No) | subject to a royall<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the community<br>the community wite<br>e space G for each<br>AP<br>5. BASIS OF<br>CARRIAGE | y payment because it is the subject<br>stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by<br>h which the station is identified<br>in channel line-up. | th:    |             |
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| For the retrans<br>of a written agree<br>the cable system<br>ion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are u  | smission of a distan<br>ement entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories<br>ve the location of ea<br>n or Canadian statio<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | t multicast str<br>on or before Justice or an a<br>co enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF            | eam that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br>c) of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No) | subject to a royall<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the community<br>the community wite<br>e space G for each<br>AP<br>5. BASIS OF<br>CARRIAGE | y payment because it is the subject<br>stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by<br>h which the station is identified<br>in channel line-up. | th:    |             |
| For the retranso<br>of a written agree<br>he cable system<br>ion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br>Note: If you are u         | smission of a distan<br>ement entered into c<br>and a primary trans<br>. For simulcasts, als<br>ese three categories<br>ve the location of ea<br>n or Canadian statio<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | t multicast str<br>on or before Justice or an a<br>co enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF            | eam that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br>c) of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No) | subject to a royall<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the community<br>the community wite<br>e space G for each<br>AP<br>5. BASIS OF<br>CARRIAGE | y payment because it is the subject<br>stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by<br>h which the station is identified<br>in channel line-up. | th:    |             |
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Transmitters:

Television

| FORM SA3E. PAGE 3.  |                          |         |
|---|--------------------------|---------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#               | News    |
| SANTA ROSA TELEPHONE COOPERATIVE, INC.  | 62467                    | Name    |
| PRIMARY TRANSMITTERS: TELEVISION  |                          |         |
| In General: In space G, identify every television station (including translator stations and low pov<br>carried by your cable system during the accounting period except (1) stations carried only on a p | ,                        | G       |
| FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network p  | 0 1                      |         |
| 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) certai  | in stations carried on a | Primary |

substitute program basis, as explained in the next paragraph

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

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

|                 |                                | CHANN | EL LINE-UP  | AQ                                      |                        |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | -     | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
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|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |

Transmitters:

Television

| FORM SA3E. PAGE 3.   |           |      |
|--|-----------|------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: S   | YSTEM ID# | Nama |
| SANTA ROSA TELEPHONE COOPERATIVE, INC.   | 62467     | Name |
| PRIMARY TRANSMITTERS: TELEVISION   |           |      |
| <b>In General:</b> In space G, identify every television station (including translator stations and low power television static carried by your cable system during the accounting period except (1) stations carried only on a part-time basis un FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section] | ndei      | 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

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

|                 |                                | CHANN | EL LINE-UP  | AR                                      |                        |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | -     | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
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|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |

|                                     | F OWNER OF CABLE S   | /STEM:  |  |  | SYSTEM ID#   |                           |
|-------------------------------------|--|---|--|--|--|---------------------------|
| SANTA RO                            | SA TELEPHON  | E COOPEF  | RATIVE, INC.   |  | 62467  | Name                      |
| PRIMARY TRANS                       | MITTERS: TELEVISI  | ON  |  |  |  |                           |
|                                     | · •  |   | · · ·  |  | s and low power television stations)<br>ed only on a part-time basis unde  | G                         |
| •••                                 |  |   | • · ·  | . ,  | tain network programs [section:  |                           |
| ( )( )                              |  | · · ·   | , O  | 61(e)(2) and (4))];  | and (2) certain stations carried on a  | Primary                   |
|                                     | am basis, as explain<br>asis Stations: With  |   |  | s carried by your  | cable system on a substitute progran   | Transmitter<br>Television |
|                                     | cifc FCC rules, regul  |   | •  |  |  | Television                |
|                                     |  |   | st it in space I (t  | he Special Staten  | nent and Program Log)—if the   |                           |
|                                     | arried only on a sub   |   | ation was carrie   | d both on a subst  | itute basis and also on some othe  |                           |
|                                     | ther information con   |   |  |  | of the general instructions located  |                           |
|                                     |  | l sign. Do not  | report origination   | on program servic  | es such as HBO, ESPN, etc. Identify  |                           |
|                                     |  |   | •  | •  | ation. For example, report multi   |                           |
| ast stream as "<br>VETA-simulcast   |  | streams mus   | st be reported in  | column 1 (list ead   | ch stream separately; for exampl∈  |                           |
|                                     | ,  | ber the FCC   | has assigned to  | the television sta   | tion for broadcasting over-the-air ir  |                           |
| •                                   |  |   | nannel 4 in Was  | hington, D.C. This   | s may be different from the channe   |                           |
|                                     | able system carried  |   | station is a netw  | ork station an ind   | lependent station, or a noncommercia   |                           |
|                                     |  |   |  |  | cast), "I" (for independent), "I-M   |                           |
|                                     |  |   | <b>,</b>   | •  | commercial educational multicast)  |                           |
|                                     | of these terms, see  |   |  |  |  |                           |
|                                     |  |   |  | ,  | es". If not, enter "No". For an ex   |                           |
|                                     | I service area, see p<br>vou have entered "  | 0 ( )   | •  |  | stating the basis on which you   |                           |
|                                     | -  |   | •  |  | ntering "LAC" if your cable syster   |                           |
|                                     | nt station on a part-t   |   |  |  |  |                           |
|                                     |  |   |  |  | ty payment because it is the subjec<br>ystem or an association representin   |                           |
| -                                   |  |   |  |  | ary transmitter, enter the designa   |                           |
| tion "E" (exempt)                   | ). For simulcasts, als   |   |  |  |  |                           |
|                                     | asa thraa catagoria  |   |  |  | other basis, enter "O." For a furthe   |                           |
| Column 6: G                         |  |   | ) of the general   | instructions locat   | other basis, enter "O." For a furthe<br>ed in the paper SA3 form   |                           |
|                                     | ive the location of e  | ach station. F  | <ul> <li>of the general<br/>or U.S. stations</li> </ul>  | l instructions locat<br>, list the communi   | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by th  |                           |
| CC. For Mexica                      | ive the location of e  | ach station. F<br>ons, if any, gi   | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> </ul>  | l instructions locat<br>, list the communit<br>the community wit   | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec                        |                           |
| CC. For Mexica                      | ive the location of ea<br>an or Canadian stati   | ach station. Fo<br>ons, if any, gi<br>annel line-ups                            | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> </ul>  | l instructions locat<br>, list the communi<br>the community wit<br>e space G for each                                  | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec                        |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha                         | ach station. Fr<br>ons, if any, giv<br>annel line-ups<br>CHANN                  | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of t</li> <li>use a separate</li> <li>EL LINE-UP</li> </ul>                                      | l instructions locat<br>, list the communit<br>the community wit<br>e space G for each<br>AS                           | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati   | ach station. Fr<br>ons, if any, giv<br>annel line-ups<br>CHANN<br>3. TYPE       | <ul> <li>of the general</li> <li>or U.S. stations</li> <li>ve the name of</li> <li>, use a separate</li> </ul>   | l instructions locat<br>, list the communi<br>the community wit<br>e space G for each                                  | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec                        |                           |
| CC. For Mexica<br>Note: If you are  | ive the location of ean or Canadian stati<br>utilizing multiple cha                              | ach station. Fr<br>ons, if any, giv<br>annel line-ups<br>CHANN<br>3. TYPE       | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | l instructions locat<br>, list the communit<br>the community wit<br>e space G for each<br>AS<br>5. BASIS OF            | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| CC. For Mexica<br>Note: If you are  | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| CC. For Mexica<br>lote: If you are  | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| CC. For Mexica<br>Note: If you are  | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| CC. For Mexica<br>Note: If you are  | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| CC. For Mexica<br>lote: If you are  | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| CC. For Mexica<br>lote: If you are  | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| CC. For Mexica<br>lote: If you are  | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| CC. For Mexica<br>lote: If you are  | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| CC. For Mexica<br>lote: If you are  | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |
| FCC. For Mexica<br>Note: If you are | ive the location of ea<br>an or Canadian stati<br>utilizing multiple cha<br>2. B'CAST<br>CHANNEL | ach station. Fr<br>ons, if any, gir<br>annel line-ups<br>CHANN<br>3. TYPE<br>OF | <ul> <li>of the general<br/>or U.S. stations</li> <li>ve the name of f</li> <li>use a separate</li> <li>EL LINE-UP</li> <li>4. DISTANT?<br/>(Yes or No)</li> </ul> | I instructions locat<br>I list the communit<br>the community wite<br>space G for each<br>AS<br>5. BASIS OF<br>CARRIAGE | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up. |                           |

| LEGAL NAME OF OV  | WNER OF CABLE SY  |   |   |  | SYSTEM  | Nor                |      |
|---|---|---|---|--|---|--------------------|------|
| SANTA ROSA  | A TELEPHON  |   | RATIVE, INC.  |  | 62  | 467 <sup>Nar</sup> | ie   |
| RIMARY TRANSMIT   | TERS: TELEVISI  | ON  |   |  |   |                    |      |
| •   |   |   | · · ·   |  | s and low power television stations)<br>d only on a part-time basis under   | G                  | Ì    |
| ••  |   |   | • · ·   | . ,  | tain network programs [sections   | _                  |      |
|   |   |   | · ·   | 61(e)(2) and (4))];  | and (2) certain stations carried on a   | Prim               | -    |
| substitute program b  |   |   |   |  |   | Transm             |      |
| Substitute Basis  |   | -   | •   | is carried by your   | cable system on a substitute progran  | Televi             | sior |
|   |   |   |   | he Special Statem  | nent and Program Log)—if the  |                    |      |
| station was carrie  | ed only on a subs   | titute basis  |   |  |   |                    |      |
| basis. For further  | information cond  |   |   |  | itute basis and also on some othe<br>of the general instructions located  |                    |      |
| in the paper SA3  |   | sian Do not   | report originatio   | on program service   | es such as HBO, ESPN, etc. Identify   |                    |      |
|   |   | -   | •   |  | ation. For example, report multi  |                    |      |
|   |   |   | •   | •  | ch stream separately; for example   |                    |      |
| VETA-simulcast).  | the channel num   | har the ECC   | has assigned to   | the televicion eta   | tion for broadcasting over the air it   |                    |      |
|   |   |   | -   |  | tion for broadcasting over-the-air ir<br>may be different from the channe   |                    |      |
| on which your cable   | •   |   |   |  |   |                    |      |
|   |   |   |   |  | ependent station, or a noncommercia   |                    |      |
|   | , ,   | •   | ,.  | •  | cast), "I" (for independent), "I-M  |                    |      |
| For the meaning of t  |   |   | · · ·   | •  | ommercial educational multicast)  |                    |      |
|   |   |   |   |  | es". If not, enter "No". For an ex  |                    |      |
| planation of local se   | , i   | 0 ()  | 0   |  |   |                    |      |
|   | I have entered "Y   | 'es" in columr  |   |  | stating the basis on which you  |                    |      |
|   |   |   |   |  |   |                    |      |
|   |   |   |   |  | ntering "LAC" if your cable syster  |                    |      |
| carried the distant st  | tation on a part-ti   | me basis bec  | cause of lack of  | activated channel  | capacity  |                    |      |
| carried the distant st<br>For the retransmi   | tation on a part-ti<br>ission of a distan   | me basis bec<br>t multicast str   | cause of lack of ream that is not   | activated channel<br>subject to a royal  |   |                    |      |
| carried the distant st<br>For the retransmi<br>of a written agreeme<br>the cable system an  | tation on a part-ti<br>ission of a distan<br>ent entered into o<br>id a primary trans   | me basis bec<br>t multicast str<br>n or before J<br>smitter or an a   | cause of lack of<br>ream that is not<br>une 30, 2009, b<br>association repr   | activated channel<br>subject to a royal<br>etween a cable sy<br>esenting the prima   | capacity<br>y payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa   |                    |      |
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Transmitters:

Television

| FORM SA3E. PAGE 3.   |      |
|--|------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#  |      |
| SANTA ROSA TELEPHONE COOPERATIVE, INC. 62467   | Name |
| PRIMARY TRANSMITTERS: TELEVISION   |      |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections] | 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

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
|-----------------|--------------------------------|-------------|---|------------------------|
|                 |                                | <br>        |   |                        |
|                 |                                |             |   |                        |
|                 |                                | <br>        |   |                        |
|                 |                                |             |   |                        |
|                 |                                |             |   |                        |

Transmitters:

Television

| FORM SA3E. PAGE 3.  |             | -    |
|---|-------------|------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  | Nome |
| SANTA ROSA TELEPHONE COOPERATIVE, INC.  | 62467       | Name |
| PRIMARY TRANSMITTERS: TELEVISION  |             |      |
| <b>In General:</b> In space G, identify every television station (including translator stations and low power televicarried by your cable system during the accounting period except (1) stations carried only on a part-time | basis under | G    |

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, 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

Do not list the station here in space G—but do list it in space I (the Special Statement and Prostation was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

|                 |                                | CHANN | EL LINE-UP  | AV                                      |                        |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | -     | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
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|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |

Television

| FORM SA3E. PAGE 3.   |               | -                        |
|--|---------------|--------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#    | News                     |
| SANTA ROSA TELEPHONE COOPERATIVE, INC.   | 62467         | Name                     |
| PRIMARY TRANSMITTERS: TELEVISION   |               |                          |
| In General: In space G, identify every television station (including translator stations and low power tele carried by your cable system during the accounting period except (1) stations carried only on a part-time.   | e basis under | G                        |
| FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network program 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 static substitute program basis, as explained in the next paragraph |               | Primary<br>Transmitters: |

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

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

|                 |                                | CHANN | EL LINE-UP  | AW                                      |                        |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | -     | (Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
|                 |                                |       |             |   |                        |
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|                 |                                |       |             |   |                        |
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|                 |                                |       |             |   |                        |

| Nama                            | LEGAL NAME OF   | OWNER OF CAB                        | LE SYSTE              | M:   |    |                   |               |     | SYST          | EM ID  |
|---------------------------------|---|-------------------------------------|-----------------------|--|----|-------------------|---------------|-----|---------------|--------|
| Name                            | SANTA ROS   | SA TELEPH                           |                       | COOPERATIVE, INC.  |    |                   |               |     |               | 62467  |
| Н                               | PRIMARY TRANSMITTERS: RADIO<br>In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an   |                                     |                       |  |    |                   |               |     |               |        |
|                                 |   |                                     |                       | enerally receivable" by your o   |    |                   |               |     |               |        |
| Primary<br>ansmitters:<br>Radio | <ul> <li>Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> </ul> |                                     |                       |  |    |                   |               |     |               |        |
|                                 | signal, indicate<br>Column 4: 0   | this by placing<br>Give the station | g a chec<br>n's locat | nal was electronically proces<br>k mark in the "S/D" column.<br>ion (the comunity to which i | th | e station is lice | nsed by the F | ·   |               |        |
|                                 | Mexican or Car  | nadian station                      | s, if any,            | the community with which th  | ne | station is identi | ified).       |     |               |        |
|                                 | CALL SIGN   | AM or FM                            | S/D                   | LOCATION OF STATION  |    | CALL SIGN         | AM or FM      | S/D | LOCATION OF S | IOITAT |
|                                 |   |                                     |                       |  |    |                   |               |     |               |        |
|                                 |   |                                     |                       |  |    |                   |               |     |               |        |
|                                 |   |                                     |                       |  | -  |                   |               |     |               |        |
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|                                 |   |                                     |                       |  | -  |                   |               |     |               |        |
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|                                 |   |                                     |                       |  |    |                   |               |     |               |        |

| FORM SA3E. PAGE 5.   |           |           |                       |         |  | ACCOUNTING                   | i PERIOD: 2020/2   |  |
|--|-----------|-----------|-----------------------|---------|--|------------------------------|--|--|
| LEGAL NAME OF OWNER OF   |           |           | , INC.                |         |  | SYSTEM ID#<br>62467          | Name   |  |
| SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG<br>In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a<br>substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further<br>explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3<br>form. |           |           |                       |         |  |                              |  |  |
| form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcoast by a distant stateon?  S  |           |           |                       |         |  |                              | Substitute<br>Carriage:<br>Special<br>Statement and<br>Program Log |  |
| s  | UBSTITUT  | E PROGRAM |                       |         | EN SUBSTITUTE<br>IAGE OCCURRED<br>6. TIMES | 7. REASON<br>FOR<br>DELETION |  |  |
| 1. TITLE OF PROGRAM  | Yes or No |           | 4. STATION'S LOCATION | AND DAY | FROM                                       |                              |  |  |
|  |           |           |                       |         |  |                              |  |  |

| Name                              | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  |      |                 |             |      |               |       |                |           |  |
|-----------------------------------|---|------|-----------------|-------------|------|---------------|-------|----------------|-----------|--|
| J<br>Part-Time<br>Carriage<br>Log | <ul> <li>PART-TIME CARRIAGE LOG</li> <li>In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.</li> <li>Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>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."</li> <li>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."</li> </ul> |      |                 |             |      |               |       |                |           |  |
|                                   |   |      | DATES           | AND HOURS ( | DF F | PART-TIME CAR | RIAGE |                |           |  |
|                                   | CALL SIGN   | WHEN | I CARRIAGE OCCU |             |      | CALL SIGN     | WHEN  | I CARRIAGE OCC |           |  |
|                                   | ONLE CICIN  | DATE | HOUR            | S<br>TO     |      | ONLE CICIN    | DATE  | HOL<br>FROM    | JRS<br>TO |  |
|                                   |   |      | _               |             |      |               |       | -              | -         |  |
|                                   |   |      | _               |             |      |               |       | -              | -         |  |
|                                   |   |      |                 |             |      |               |       | _              | -         |  |
|                                   |   |      |                 |             |      |               |       |                | -         |  |
|                                   |   |      |                 |             |      |               |       |                |           |  |
|                                   |   |      |                 |             |      |               |       |                |           |  |
|                                   |   |      |                 |             |      |               |       |                |           |  |
|                                   |   |      |                 |             |      |               |       |                |           |  |
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|                                   |   |      |                 |             |      |               |       |                |           |  |
|                                   |   |      |                 |             |      |               |       |                | -         |  |
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| -   | CA3E. PAGE 7.  |   |  |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|--|
|   |  | SYSTEM ID#  | Name   |  |  |  |  |  |  |  |
| SA  | ITA ROSA TELEPHONE COOPERATIVE, INC.   | 62467   |  |  |  |  |  |  |  |  |
| GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.  |  |   |  |  |  |  |  |  |  |  |
| <ul> <li>COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. <li>If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. </li> </li></ul></li></ul> |  |   |  |  |  |  |  |  |  |  |
|   | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be<br>< 3 below.  | entered on line 1 of                                    |  |  |  |  |  |  |  |  |
| If pa<br>3 be   | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e<br>low.  | ntered on line 2 in block                               |  |  |  |  |  |  |  |  |
| ▶ If pa   | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou<br>block 4 below.  | ld be entered on line                                   |  |  |  |  |  |  |  |  |
| 1   | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more<br>least the minimum fee, regardless of whether they carried any distant stations. This fee<br>system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K<br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here.  |   |  |  |  |  |  |  |  |  |
|   | This is your minimum fee.  | \$ 6,726.34   |  |  |  |  |  |  |  |  |
| Block<br>3  | <ul> <li>space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting perior X Yes—Complete the DSE schedule. No—Leave block 3 below blank and Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero</li> <li>Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero</li> </ul>  | d?  |  |  |  |  |  |  |  |  |
|   | Line 3. Add lines 1 and 2 and enter here   | \$ 6,328.68   |  |  |  |  |  |  |  |  |
|   | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger         Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.         Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)         Line 4. FILING FEE.         Line 5. Line 5. CHARGE: DUE FOR ACCOUNTING PERIOD.         Add Lines 1, 2 and 3 of block 4 and enter total here         Line 5. Line 6. CHARGE: CHARGE: DUE FOR ACCOUNTING PERIOD.  | \$ 6,726.34<br>0.00<br>0.00<br>\$ 725.00<br>\$ 7,451.34 | Cable systems<br>submitting<br>additional<br>deposits under<br>Section 111(d)(7)<br>should contact<br>the Licensing<br>additional fees.<br>Division for the<br>appropriate<br>form for<br>submitting the<br>additional fees. |  |  |  |  |  |  |  |
|   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Second second |   |  |  |  |  |  |  |  |  |

| ACCOUNTING PERI                            | OD: 2020/2   | FORM SA3E. PAGE 8.  |  |  |  |  |  |  |  |  |
|--|--|---------------------|--|--|--|--|--|--|--|--|
| Name                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | #SYSTEM ID<br>62467 |  |  |  |  |  |  |  |  |
| M  | 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.  |                     |  |  |  |  |  |  |  |  |
| Channels                                   | 1. Enter the total number of channels on which the cable system carried television broadcast stations  | 181                 |  |  |  |  |  |  |  |  |
|  | 2. Enter the total number of activated channels<br>on which the cable system carried television broadcast stations<br>and nonbroadcast services  | 230                 |  |  |  |  |  |  |  |  |
| N<br>Individual to                         | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  |                     |  |  |  |  |  |  |  |  |
| Be Contacted<br>for Further<br>Information | Name JASON TOLE Telephone 940-   | 886-2217            |  |  |  |  |  |  |  |  |
|  | Address PO BOX 2128 (Number, street, rural route, apartment, or suite number)  |                     |  |  |  |  |  |  |  |  |
|  | VERNON, TX 76385-2128<br>(City, town, state, zip)  |                     |  |  |  |  |  |  |  |  |
|  | Email jason.tole@santarosafiber.com Fax (optional)   |                     |  |  |  |  |  |  |  |  |
| O<br>Certifcation                          | <ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or</li> </ul>  | 5.)                 |  |  |  |  |  |  |  |  |
|  | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or   |                     |  |  |  |  |  |  |  |  |
|  | <ul> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of t in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei 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 Jason Tole   |                     |  |  |  |  |  |  |  |  |
|  | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.<br>(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the b<br>button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility.<br>Typed or printed name: <b>JASON TOLE</b>   |                     |  |  |  |  |  |  |  |  |
|  | Title: ASST. GM / CFO<br>(Title of official position held in corporation or partnership)   |                     |  |  |  |  |  |  |  |  |
|  | Date: February 19, 2021  |                     |  |  |  |  |  |  |  |  |
| Privacy Act Notice                         | e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII)  |                     |  |  |  |  |  |  |  |  |

orm 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 telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t 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 lay

| LEGAL NAME OF OWNER OF CABLE SYSTI  | EM:  |  | SYSTEM ID#                 | Name                   |  |
|---|--|--|----------------------------|------------------------|--|
| SANTA ROSA TELEPHONE  | COOPERATIVE, INC.  |  | 62467                      | Nume                   |  |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-<br>scribers 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.  |  |  |                            |                        |  |
| made by satellite carriers to satell  |  | mounts of gross receipts for secondary transm  | ISSIONS                    |                        |  |
| YES. Enter the total here and   | list the satellite carrier(s) below  | <b>\$</b>  |                            |                        |  |
| Name<br>Mailing Address   |  | Name<br>Mailing Address  |                            |                        |  |
|   |  |  |                            |                        |  |
| INTEREST ASSESSMENTS  | 6  |  |                            |                        |  |
| -   | • • • •  | bmitted as a result of a late payment or underp<br>general instructions in the paper SA3 form.   | ayment.                    | Q                      |  |
| Line 1 Enter the amount of late p   | ayment or underpayment   | x  |                            | Interest<br>Assessment |  |
| Line 2 Multiply line 1 by the inter   | est rate* and enter the sum her  | e  | -<br>days                  |                        |  |
| Line 3 Multiply line 2 by the num   | ber of days late and enter the s   |  | <br>00274                  |                        |  |
| Line 4 Multiply line 3 by 0.00274<br>space L, (page 7   | ** enter here and on line 3, bloc  | \$   | -<br>st charge)            |                        |  |
|   | rt click on <i>www.copyright.gov/lid</i><br>on at (202) 707-8150 or licensin | censing/interest-rate.pdf. For further assistanc   |                            |                        |  |
| ** This is the decimal equivale   | nt of 1/365, which is the interes  | t assessment for one day late.   |                            |                        |  |
| , ,   | •  | count already submitted to the Copyright Offce<br>counting period, and ID number as given in the |                            |                        |  |
| OwnerAddress  |  |  |                            |                        |  |
| First community served Accounting period  |  |  |                            |                        |  |
| ID number   |  |  |                            |                        |  |
| Privacy Act Notice: Section 111 of title 17 of t  | he United States Code authorizes the 0                                       | Copyright Offce to collect the personally identifying information                                | tion (PII) requested on th |                        |  |

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

## INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

| • Independent: its type-value is             | 1.00 |
|--|------|
| Network: its type-value is                   | 0.25 |
| Noncommercial educational: its type-value is | 0.25 |

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

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

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

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

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

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

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

#### TOTAL OF DSEs

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

#### THE ROYALTY FEE

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

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

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

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

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

1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.

2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

### DSE SCHEDULE. PAGE 11.

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

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

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

Each of the second, third, and fourth DSEs0.701% of gross receiptsThe fifth and each additional DSE0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE • If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

 Identify the communities/areas represented by each subscriber group.
 For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

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

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

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

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

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows: • When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains

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

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

## EXAMPLE:

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

|  |   | Distant Stations Carried Identification of Sub |                  | of Subscriber               | Groups               |                        |                             |              |
|--|---|--|------------------|-----------------------------|----------------------|------------------------|-----------------------------|--------------|
| In most cases under current FCC  |   | STATION  | DSE              | CITY                        | OUTSIDE LOCAL        |                        | GROSS RECEIPTS              |              |
| rules, all of Fairvale would be within   |   | -  | 1.0              |                             | SERVICE AREA OF      |                        | FROM SUBSCRIBERS            |              |
|  | e area of both stations                 | B (independent)                                | 1.0              | Santa Rosa                  | Stations A, B        |                        |                             | \$310,000.00 |
| A and C and al   | I of Rapid City and Bo-                 | C (part-time)                                  | 0.083            | Rapid City                  | Stations A and C     |                        | 100,000.00                  |              |
|  | ld be within the local                  | D (part-time)                                  | 0.139            | Bodega Bay                  | Stations A and C     |                        | 70,000.00                   |              |
| • •  | of stations B, D, and E.                | E (network)                                    | 0.25             | Fairvale                    | Stations B, D, and E |                        | 120,000.00                  |              |
|  | , | TOTAL DSEs                                     | 2.472            |                             | ,                    | SS RECEIPTS            |                             | \$600,000.00 |
|  | 1                                       | Minimum Fee Total Gross                        | Receipts         |                             | \$600,000.00         |                        |                             |              |
| Santa Rosa   | Stations A and C                        |  |                  |                             | x .01064             |                        |                             |              |
|  | 35 mile zone                            |  |                  |                             | \$6,384.00           |                        |                             |              |
|  |   | First Subscriber Group                         | Second Subso     | riber Group                 |                      | Third Subscriber Group |                             |              |
|  |   | (Santa Rosa)                                   |                  | (Rapid City and Bodega Bay) |                      |                        | (Fairvale)                  |              |
|  | Fairvale                                |  |                  |                             |                      |                        |                             |              |
|  |   | Gross receipts                                 | \$310,000.00     | Gross receipts              |                      | \$170,000.00           | Gross receipts              | \$120,000.00 |
| Rapid City   |   | DSEs   | 2.472            | DSEs                        |                      | 1.083                  | DSEs                        | 1.389        |
|  |   | Base rate fee                                  | \$6,497.20       | Base rate fee               |                      | \$1,907.71             | Base rate fee               | \$1,604.03   |
|  | Bodega                                  | \$310,000 x .01064 x 1.0 =                     | 3,298.40         | \$170,000 x .010            | 64 x 1.0 =           | 1,808.80               | \$120,000 x .01064 x 1.0 =  | 1,276.80     |
| <del> </del>   | Boulega<br>Bay                          | \$310,000 x .00701 x 1.472 =                   | 3,198.80         | \$170,000 x .007            | 01 x .083 =          | 98.91                  | \$120,000 x .00701 x .389 = | 327.23       |
| / /  |   | Base rate fee                                  | \$6,497.20       | Base rate fee               | -                    | \$1,907.71             | Base rate fee               | \$1,604.03   |
| Stations B, D, Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 |   |  |                  |                             |                      |                        |                             |              |
| \ an   |   | In this example, the cable                     |                  |                             |                      | 3 line 1 (nade         | 7)                          |              |
| 35 mil   | e zone                                  | in uns example, une cable                      | system would ent | ει φτ0,000.94 III           | Space L, DIUCK       | o, me i (page          | ")                          |              |

#### DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1  | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I   |      |  |  |  |  |  |  |  |  |
|--|---|------|--|--|--|--|--|--|--|--|
| I  | SANTA ROSA TELEPHONE COOPERATIVE, INC. 62467  |      |  |  |  |  |  |  |  |  |
|  | SUM OF DSEs OF CATEGOR<br>• Add the DSEs of each station<br>Enter the sum here and in line  | 0.00 |  |  |  |  |  |  |  |  |
| 2<br>Computation<br>of DSEs for                        | Instructions:<br>In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5<br>of space G (page 3).<br>In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- |      |  |  |  |  |  |  |  |  |
| Category "O"   | ry "O" CATEGORY "O" STATIONS: DSEs  |      |  |  |  |  |  |  |  |  |
| Stations   |   |      |  |  |  |  |  |  |  |  |
|  |   |      |  |  |  |  |  |  |  |  |
| Add rows as  |   |      |  |  |  |  |  |  |  |  |
| necessary.<br>Remember to copy<br>all formula into new |   |      |  |  | n muunununununununununununununununununun |  |  |  |  |  |
| rows.  |   |      |  |  |  |  |  |  |  |  |
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|  |   |  |                                 |   |                                 |                            | DSE SCHEI                         | DULE. PAGE 12. |
|--|---|--|---------------------------------|---|---------------------------------|----------------------------|-----------------------------------|----------------|
| Nama   | LEGAL NAME OF C   | OWNER OF CABLE SYSTEM:   |                                 |   |                                 |                            |                                   | SYSTEM ID#     |
| Name   | SANTA ROS   | A TELEPHONE COC  | OPERATIVE, IN                   | NC.                                       |                                 |                            |                                   | 62467          |
| <b>3</b><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel<br>Capacity | SANTA ROSA TELEPHONE COOPERATIVE, INC.       6         Instructions: CAPACITY<br>Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).       Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.       Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.         ation       Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.         Part       Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."         Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station on rounding, see page (viii) of the general instructions in the paper SA3 form. |  |                                 |   |                                 |                            |                                   |                |
|  | 1. CALL<br>SIGN   | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTE  | URS<br>ED BY                    | . NUMBER<br>OF HOURS<br>STATION<br>ON AIR | 4. BASIS OF<br>CARRIAG<br>VALUE | -                          | PE 6. D<br>LUE                    | ISE            |
|  |   |  | ÷                               | =   |                                 | x                          | =                                 |                |
|  |   |  | ÷                               | =   |                                 | x                          | =                                 |                |
|  |   |  | ÷                               | =   |                                 | ×                          | =                                 |                |
|  |   |  | ÷                               | =   |                                 | x                          | =                                 |                |
|  |   |  | ÷<br>÷                          |   |                                 | x                          | =                                 |                |
|  |   |  | ÷                               |   |                                 | x<br>x                     | =                                 |                |
|  |   |  | ÷                               | =   |                                 | x                          | =                                 |                |
|  | Add the DSEs  | OF CATEGORY LAC S<br>of each station.<br>Im here and in line 2 of p  |                                 | edule,                                    |                                 | 0                          | .00                               |                |
| <b>4</b><br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations  | <ul> <li>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:</li> <li>Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I): and</li> <li>Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> <li>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted</li> </ul>   |  |                                 |   |                                 |                            |                                   | orm).          |
|  |   | SL   | JBSTITUTE-B                     | ASIS STATION                              | S: COMPUTA                      | TION OF DSEs               | •                                 |                |
|  | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBEF<br>OF DAYS<br>IN YEAR |   | 1. CALL<br>SIGN                 | 2. NUMBER<br>OF<br>PROGRAM | 3. NUMBER<br>OF DAYS<br>S IN YEAR |                |
|  |   | -  | •                               | =   |                                 |                            | ÷                                 | =              |
|  |   |  | •                               |   |                                 |                            | ÷                                 | =              |
|  |   |  |                                 |   |                                 |                            | *<br>_                            |                |
|  |   |  | ÷                               | =   |                                 |                            | ÷                                 | =              |
|  |   | -  | ÷                               | =   |                                 |                            | ÷                                 | =              |
|  | Add the DSEs  | • OF SUBSTITUTE-BAS<br>of each station.<br>Im here and in line 3 of p  |                                 | edule,                                    |                                 | 0                          | .00                               |                |
| 5<br>Total Number<br>of DSEs   | number of DSE<br>1. Number o<br>2. Number o   | ER OF DSEs: Give the am<br>s applicable to your syster<br>f DSEs from part 2 ●<br>f DSEs from part 3 ●<br>f DSEs from part 4 ● |                                 | oxes in parts 2, 3, and                   | 4 of this schedule              | e and add them to pro      | vide the total 0.00 0.00 0.00     |                |
|  | TOTAL NUMBE   | R OF DSEs  |                                 |   |                                 |                            | _ <b>&gt;</b>                     | 0.00           |

| DSE SCHEDULE. P                                | PAGE 13.   |  |   |  |  |   |  | ACCOUNTIN  | G PERIOD: 2020/2                                 |
|--|--|--|---|--|--|---|--|------------|--|
|  | WNER OF CABLE S  |  |   |  |  |   | S  | YSTEM ID#  | Name   |
| SANTA ROSA                                     | TELEPHONE  | COOPERA  | TIVE, INC.  |  |  |   |  | 62467      | Hume   |
| In block A:                                    | ck A must be comp<br>"Yes," leave the re   |  | art 6 and part 7  | of the DSE sched   | lule blank and   | complete part   | t 8, (page 16) of th                               | e          | 6  |
| <ul> <li>If your answer if</li> </ul>          | "No," complete blo   |  |   |  |  |   |  |            | Computation of                                   |
|  |  |  |   | FELEVISION M   |  |   | 20   |            | 3.75 Fee   |
| effect on June 24,                             | 1981?  |  | -   | ler markets as defi<br>LETE THE REMA   |  |   | C rules and regul                                  | iations in |  |
|  | blete blocks B and   |  |   |  |  |   |  |            |  |
|  |  | BLO  | CK B: CARR  | RIAGE OF PERI  | MITTED DS  | Es  |  |            |  |
| Column 1:<br>CALL SIGN                         | under FCC rules  | and regulations of the second se | ns prior to Jun<br>dule. (Note: Th  | part 2, 3, and 4 of t<br>e 25, 1981. For fur<br>e letter M below re<br>Act of 2010.) | ther explanati   | on of permitte  | d stations, see the                                | 1          |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | <ul> <li>(Note the FCC ru</li> <li>A Stations carrie<br/>76.61(b)(c)]</li> <li>B Specialty statio</li> <li>C Noncommerica</li> <li>D Grandfathered<br/>instructions fo</li> <li>E Carried pursua</li> <li>*F A station previous</li> </ul> | les and regui<br>ed pursuant t<br>on as definec<br>al educationa<br>d station (76.6<br>r DSE sched<br>ant to individu<br>viously carrie<br>IHF station w   | ations cited be<br>o the FCC mar<br>I in 76.5(kk) (70<br>I station [76.59<br>55) (see paragr<br>ule).<br>Ial waiver of F0<br>d on a part-tim<br>ithin grade-B c | e or substitute bas<br>ontour, [76.59(d)(5   | e in effect on<br>5.57, 76.59(b),<br>)(1), 76.63(a)<br>3(a) referring<br>stitution of gra<br>is prior to Jun | June 24, 1981<br>76.61(b)(c), 7<br>referring to 76<br>to 76.61(d)]<br>andfathered sta<br>e 25, 1981 | 6.63(a) referring to<br>.61(e)(1)<br>ations in the |            |  |
| Column 3:                                      |  | e stations ide   | ntified by the le   | parts 2, 3, and 4 o<br>tter "F" in column 2  |  |   | orksheet on page ?                                 | 14 of      |  |
| 1. CALL<br>SIGN                                | 2. PERMITTED<br>BASIS  | 3. DSE   | 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS  | 3. DSE   | 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS                              | 3. DSE     |  |
|  |  |  |   |  |  |   |  |            |  |
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|  |  |  |   |  |  |   |  | 0.00       |  |
|  |  | E  | BLOCK C: CC   | MPUTATION OF   | - 3.75 FEE   |   |  |            |  |
| Line 1: Enter the                              | total number of  | DSEs from  | part 5 of this s  | schedule   |  |   |  |            |  |
| Line 2: Enter the                              | sum of permitte  | d DSEs fron  | n block B abo   | ve   |  |   |  | <u> </u>   |  |
|  |  |  |   | of DSEs subject<br>7 of this schedule  |  | ate.  |  |            |  |
| Line 4: Enter gro                              | oss receipts from  | space K (pa  | age 7)  |  |  |   | x 0.03   | 375        | Do any of the<br>DSEs represent<br>partially     |
| Line 5: Multiply l                             | ine 4 by 0.0375 a  | and enter su   | m here  |  |  |   | x  |            | permited/<br>partially<br>nonpermitted           |
| Line 6: Enter tota                             | al number of DSE   | Es from line   | 3   |  |  |   |  |            | carriage?<br>If yes, see part<br>9 instructions. |
| Line 7: Multiply I                             | ine 6 by line 5 an   | nd enter here  | e and on line   | 2, block 3, space  | L (page 7)   |   |  | 0.00       |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         SANTA ROSA TELEPHONE COOPERATIVE, INC.       62467 |              |  |           |             |  |                  |              |        |            |
|--|--------------|--|-----------|-------------|--|------------------|--------------|--------|------------|
| 1. CALL  | 2. PERMITTED |  | A: TELEVI | SION MARKET |  | IUED)<br>1. CALL | 2. PERMITTED | 3. DSE | 6          |
| SIGN   | BASIS        |  | SIGN      | BASIS       |  | SIGN             | BASIS        | -      | Computatio |
|  |              |  |           |             |  |                  |              |        | 3.75 Fee   |
|  |              |  |           |             |  |                  |              |        |            |
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|   | -   |  |  |  |   | DSE SCHEDULE. PAGE 14.   |  |  |
|---|---|--|--|--|---|--|--|--|
| Name  |   |  |  |  |   | SYSTEM ID#   |  |  |
|   | SANTA KUSA  | I ELEPHONE CO  | OPERATIVE, INC.  |  |   | 62467  |  |  |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | stations carried pric<br>Column 1: List the of<br>Column 2: Indicate<br>Column 3: Indicate<br>Column 4: Indicate<br>(Note that the Fo<br>A—Part-time sp<br>76.59<br>B—Late-night pr<br>76.61<br>S—Substitute ca<br>gener<br>Column 5: Indicate<br>Column 6: Compar-<br>in block | or to June 25, 1981, u<br>call sign for each dista<br>the DSE for this statio<br>the accounting period<br>the basis of carriage<br>CC rules and regulatic<br>ecialty programming:<br>(d)(1),76.61(e)(1), or<br>rogramming: Carriage<br>(e)(3)).<br>arriage under certain l<br>arinage under certain l<br>al instructions in the p<br>the station's DSE for<br>e the DSE figures liste<br>& B, column 3 of part 6 | the current accounting pe<br>ed in columns 2 and 5 and<br>5 for this station.<br>n columns 2, 3, and 4 mus | verning part-time and sub<br>letter "F" in column 2 of p<br>period, occurring between<br>rriage and DSE occurred<br>carried by listing one of th<br>those in effect on June 24<br>asis, of specialty program<br>(1)).<br>s 76.59(d)(3), 76.61(e)(3)<br>authorizations. For furthe<br>riod as computed in parts | estitute carriage.)<br>bart 6 of the DSE schedu<br>n January 1, 1978 and Ju<br>(e.g., 1981/1).<br>e following letters:<br>4, 1981.)<br>nming under FCC rules, s<br>), or 76.63 (referring to<br>er explanation, see page<br>2, 3, and 4 of this sched<br>of figures here. This figure | le.<br>une 30, 1981.<br>sections<br>(vi) of the<br>ule.<br>e should be entered |  |  |
|   |   |  | FOR STATIONS CARRI   | ED ON A PART-TIME AN   |   |  |  |  |
|   | 1. CALL   | 2. PRIOR   | 3. ACCOUNTING  | 4. BASIS OF  | 5. PRESENT  | 6. PERMITTED   |  |  |
|   | SIGN  | DSE  | PERIOD   | CARRIAGE   | DSE   | DSE  |  |  |
|   |   |  |  |  |   |  |  |  |
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|   | In struction of Disale A  |  |  |  |   |  |  |  |
| 7   | Instructions: Block A<br>In block A:  | a musi de completed.   |  |  |   |  |  |  |
| Computation   |   | "Yes," complete block  |  |  |   |  |  |  |
| of the  | If your answer is   | "No," leave blocks B   | and C blank and complete   |  |   |  |  |  |
| Syndicated  |   |  | BLOCK A: MAJOR   | TELEVISION MARK  | ET  |  |  |  |
| Exclusivity<br>Surcharge  | <ul> <li>Is any portion of the c</li> </ul>   | cable system within a t  | op 100 major television mai  | ket as defned by section 7   | 6.5 of FCC rules in effect  | June 24, 1981?   |  |  |
| U U   |   | blocks B and C .   |  | No—Proceed to  |   |  |  |  |
|   |   |  |  |  |   |  |  |  |
|   | BLOCK B: Ca   | arriage of VHF/Grade   | B Contour Stations   | BLOCK  | K C: Computation of Exe   | mpt DSEs   |  |  |
|   | Is any station listed in<br>commercial VHF stati<br>or in part, over the ca   | ion that places a grad   |  | Was any station listed in block B of part 7 carried in any commu-<br>nity served by the cable system prior to March 31, 1972? (refer<br>to former FCC rule 76.159)   |   |  |  |  |
|   |   | tation below with its app  | ropriate permitted DSE   |  | ation below with its appropr  | iate permitted DSE   |  |  |
|   |   | and proceed to part 8.   |  |  | nd proceed to part 8.   |  |  |  |
|   |   |  |  |  |   |  |  |  |
|   | CALL SIGN   | DSE CA   | LL SIGN DSE  | CALL SIGN  | DSE CALL S  | GN DSE   |  |  |
|   |   |  |  |  |   |  |  |  |
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|   |   |  |  |  |   |  |  |  |
|   |   | TOT  | TAL DSEs 0.00  |  | TOTAL C   | DSEs 0.00  |  |  |
|   |   |  |  |  | L   | i  |  |  |

| LEGAL NA      |  | EM ID#<br>62467 | Name                                |
|---------------|--|-----------------|-------------------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |                 |                                     |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7) 632,1   | 174.70          | 7                                   |
| Section<br>2  | A. Enter the total DSEs from block B of part 7   | 0.00            | Computation                         |
|               | B. Enter the total number of exempt DSEs from block C of part 7  | 0.00            | of the<br>Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8   | 0.00            | Surcharge                           |
| • Is any      | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.  |                 |                                     |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |                 |                                     |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE |                 |                                     |
|               | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  |                 |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)  |                 |                                     |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)   |                 |                                     |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here   |                 |                                     |
|               | D. Multiply line B by line C and enter here  |                 |                                     |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge   |                 |                                     |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |                 |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)   |                 |                                     |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |                 |                                     |
|               | C. Multiply line B by 3.000 and enter here   |                 |                                     |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)   |                 |                                     |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |                 |                                     |
|               | F. Multiply line D by line E and enter here  |                 |                                     |
|               | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge   |                 |                                     |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |                 |                                     |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |                 |                                     |
| Section<br>4a | X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.  |                 |                                     |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.<br>A. Enter 0.00300 of gross receipts (the amount in section 1)   |                 |                                     |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)   |                 |                                     |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)<br>and enter here  |                 |                                     |
|               | D. Multiply line B by line C and enter here  |                 |                                     |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge   |                 |                                     |

## ACCOUNTING PERIOD: 2020/2

| ACCOUNTING PERIOD.        | 2020/2   | DSE SCHEDULE. PAGE 16  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|
| Name                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC. |  |  |  |  |  |  |  |
|                           | ę  | CANTA ROSA TELEPHONE COOPERATIVE, INC. 62467   |  |  |  |  |  |  |
| 7                         | Section<br>4b  | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |  |  |  |  |  |  |
| Computation<br>of the     |  | A. Enter 0.00300 of gross receipts (the amount in section 1)   |  |  |  |  |  |  |
| Syndicated<br>Exclusivity |  | B. Enter 0.00189 of gross receipts (the amount in section 1)   |  |  |  |  |  |  |
| Surcharge                 |  | C. Multiply line B by 3.000 and enter here   |  |  |  |  |  |  |
|                           |  | D. Enter 0.00089 of gross receipts (the amount in section 1)   |  |  |  |  |  |  |
|                           |  | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here   |  |  |  |  |  |  |
|                           |  | F. Multiply line D by line E and enter here  |  |  |  |  |  |  |
|                           |  | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2, block 4, space L (page 7)   |  |  |  |  |  |  |
|                           |  | Syndicated Exclusivity Surcharge   |  |  |  |  |  |  |
| 8                         | 6 was o<br>• In blo  | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part<br>checked "Yes," use the total number of DSEs from part 5.<br>ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. |  |  |  |  |  |  |
| Computation<br>of         | -  | r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below   |  |  |  |  |  |  |
| Base Rate Fee             | blank  |  |  |  |  |  |  |  |
|                           | What i   | s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers   |  |  |  |  |  |  |
|                           |  | cated within that station's local service area and others were located outside that area. For the definition of a station's "local   |  |  |  |  |  |  |
|                           | Service  | area," see page (v) of the general instructions.   |  |  |  |  |  |  |
|                           |  | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |  |  |  |  |  |  |
|                           | • Did ye   | our cable system retransmit the signals of any partially distant television stations during the accounting period?   |  |  |  |  |  |  |
|                           |  | Yes—Complete part 9 of this schedule. No—Complete the following sections.  |  |  |  |  |  |  |
|                           |  | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |  |  |  |  |  |  |
|                           | Section<br>1   | Enter the amount of gross receipts from space K (page 7)   |  |  |  |  |  |  |
|                           | Section<br>2   | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes,"  |  |  |  |  |  |  |
|                           |  | use the total number of DSEs from part 5.)   |  |  |  |  |  |  |
|                           | Section  |  |  |  |  |  |  |  |
|                           | 3  | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.<br>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.   |  |  |  |  |  |  |
|                           |  | A. Enter 0.01064 of gross receipts   |  |  |  |  |  |  |
|                           |  | (the amount in section 1)▶ <b>\$</b>   |  |  |  |  |  |  |
|                           |  | B. Enter 0.00701 of gross receipts (the amount in section 1)   |  |  |  |  |  |  |
|                           |  | C. Subtract 1.000 from total DSEs  |  |  |  |  |  |  |
|                           |  | (the figure in section 2) and enter here   |  |  |  |  |  |  |
|                           |  | D. Multiply line B by line C and enter here  |  |  |  |  |  |  |
|                           |  | E. Add lines A, and D. This is your base rate fee. Enter here<br>and in block 3, line 1, space L (page 7)  |  |  |  |  |  |  |
|                           |  | Base Rate Fee  |  |  |  |  |  |  |

| LEGAL N  | AME OF OWNER OF CABLE SYSTEM: SYSTEM:  | M ID#   | Nores                          |
|----------|--|---------|--------------------------------|
| SANT     | A ROSA TELEPHONE COOPERATIVE, INC. 6   | 2467    | Name                           |
| Section  | If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.  |         |                                |
| 4        |  |         | 8                              |
|          | A. Enter 0.01064 of gross receipts   |         | 0                              |
|          | (the amount in section 1) <b>▶</b> \$  |         |                                |
|          | B. Enter 0.00701 of gross receipts   |         | Computation                    |
|          | (the amount in section 1) ► \$   |         | of                             |
|          |  |         | Base Rate Fee                  |
|          | C. Multiply line B by 3.000 and enter here ▶   |         |                                |
|          | D. Enter 0.00330 of gross receipts   |         |                                |
|          | (the amount in section 1) <b>F</b>   |         |                                |
|          | E. Subtract 4.000 from total DSEs  |         |                                |
|          | (the figure in section 2) and enter here►  |         |                                |
|          |  |         |                                |
|          | F. Multiply line D by line E and enter here <b>\$</b>  |         |                                |
|          | G. Add lines A, C, and F. This is your base rate fee   |         |                                |
|          | Enter here and in block 3, line 1, space L (page 7)<br>Base Rate Fee S 0.  | .00     |                                |
|          |  |         |                                |
|          | RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast sign  |         |                                |
|          | stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel Space G.   | line-   | 9                              |
| •        | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to ex  | rclude  | -                              |
|          | s from subscribers located within the station's local service area, from your system's total gross receipts. To take advanta   |         | Computation<br>of              |
| this exe | clusion, you must:   |         | Base Rate Fee                  |
| First: [ | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the s   | ame     | and<br>Our diagted             |
|          | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the nu   |         | Syndicated<br>Exclusivity      |
|          | and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each so that group. That total is the base rate fee for your system.  | group.  | Surcharge                      |
|          | If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7,   | VOU     | for<br>Partially               |
| must a   | Iso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel  |         | Distant                        |
| Howev    | er, if your cable system is wholly located outside all major television markets, complete block A only.  |         | Stations, and<br>for Partially |
|          | b Identify a Subscriber Group for Partially Distant Stations   |         | Permitted                      |
| -        | : For each community served, determine the local service area of each wholly distant and each partially distant station yo to that community.  | u       | Stations                       |
|          | : For each wholly distant and each partially distant station you carried, determine which of your subscribers were located   |         |                                |
| outside  | the station's local service area. A subscriber located outside the local service area of a station is distant to that station (a   | ind, by |                                |
|          | ne token, the station is distant to the subscriber.)   |         |                                |
| -        | : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a ca          | ble     |                                |
|          | will have only one subscriber group when the distant stations it carried have local service areas that coincide.   |         |                                |
| Comp     | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's   |         |                                |
|          | ber groups.  |         |                                |
|          | n section:   |         |                                |
|          | fy the communities/areas represented by each subscriber group.<br>the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the  |         |                                |
|          | ibers in the group.  |         |                                |
| • lf:    |  |         |                                |
| , -      | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts   | 2, 3,   |                                |
|          | of this schedule; or,<br>portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B   |         |                                |
| , ,      | 6 of this schedule.  | ,       |                                |
| • Add t  | he DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |         |                                |
| • Calcu  | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruct   | tions   |                                |
| in the   | a paper SA3 form.  |         |                                |
| •        | bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preced<br>In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, th | •       |                                |
|          | for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to sh  |         |                                |
| your ac  | ctual calculations on the form.  |         |                                |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS   |      |
|------|--|------|
|      | SANTA ROSA TELEPHONE COOPERATIVE, INC.   | 6246 |
|      | Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals  |      |
|      | Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and  |      |
|      | partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these  |      |
|      | subscriber groups may be partially distant.<br><b>Step 2:</b> Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant   |      |
|      | signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by   |      |
|      | .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported  |      |
|      | for each part 9 used in steps 1 and 2 must equal the amount reported in space K.   |      |
|      | Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant   |      |
|      | signals from step 1 that is subject to this surcharge.   |      |
|      | Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams   |      |
|      | Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from   |      |
|      | a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate  |      |
|      | and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.   |      |
|      | You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement<br>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.  |      |
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| E   | BLOCK A:  | COMPUTATION OF  | F BASE RA                         | TE FEES FOR EACH     | SUBSCRI   | BER GROUP             |           |                         |    |
|---|---|---|-----------------------------------|----------------------|-----------|-----------------------|-----------|-------------------------|----|
|   | FIRST   | SUBSCRIBER GROU   | JP                                |                      | SECOND    | SUBSCRIBER GROU       | JP        | •                       |    |
| COMMUNITY/ AREA   | WICHIT  | A FALLS   |                                   | COMMUNITY/ AREA      | ABILEN    | E                     |           | <b>9</b><br>Computatior |    |
| CALL SIGN   | DSE   | DSE   | CALL SIGN                         | DSE                  | CALL SIGN | DSE                   | CALL SIGN | DSE                     | of |
|   |   |   |                                   | KTXS-CW              | 1.00      |                       | 1.00      | Base Rate Fe            |    |
|   |   | -   |                                   |                      |           |                       |           | and                     |    |
|   |   |   |                                   |                      |           |                       |           | Syndicated              |    |
|   |   |   |                                   |                      |           |                       |           | Exclusivity             |    |
|   |   |   |                                   |                      |           |                       |           | Surcharge               |    |
|   |   |   |                                   |                      |           |                       |           | for                     |    |
|   |   |   |                                   |                      |           |                       |           | Partially               |    |
|   |   |   |                                   |                      |           |                       |           | Distant                 |    |
|   |   |   |                                   |                      |           |                       |           | Stations                |    |
|   |   |   |                                   |                      |           |                       |           |                         |    |
|   |   |   |                                   |                      |           |                       |           |                         |    |
|   |   |   |                                   |                      |           |                       |           |                         |    |
|   |   |   |                                   |                      |           |                       |           |                         |    |
|   |   |   |                                   |                      |           |                       |           |                         |    |
|   |   |   |                                   |                      |           |                       |           |                         |    |
| Total DSEs  |   |   | 0.00                              | Total DSEs           |           |                       | 2.00      |                         |    |
| Gross Receipts First G  | roup  | \$ 224  | 4,467.69                          | Gross Receipts Secon | d Group   | <u>\$</u> 2           | 14,674.38 |                         |    |
|   |   |   |                                   |                      |           |                       |           |                         |    |
|   |   |   |                                   |                      |           |                       |           |                         |    |
| <b>Base Rate Fee</b> First G  | roup  | \$  | 0.00                              | Base Rate Fee Secon  | d Group   | \$                    | 3,789.00  |                         |    |
| Base Rate Fee First G   | -   | \$<br>SUBSCRIBER GROU   |                                   | Base Rate Fee Secon  |           | \$<br>SUBSCRIBER GROU | <u>.</u>  |                         |    |
|   | -   | SUBSCRIBER GROU   |                                   | Base Rate Fee Secon  | FOURTH    | SUBSCRIBER GROU       | <u>.</u>  |                         |    |
| COMMUNITY/ AREA   | THIRD<br>MUNDA  | SUBSCRIBER GROU   |                                   |                      | FOURTH    | SUBSCRIBER GROU       | <u>.</u>  |                         |    |
| COMMUNITY/ AREA   | THIRD<br>MUNDA<br>DSE<br>0.25                         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS                         | JP                                | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC  | THIRD<br>MUNDA<br>DSE<br>0.25                         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE                         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC  | THIRD<br>MUNDA<br>DSE<br>0.25                         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS                         | JP<br>DSE<br>0.25                 | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25                 | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| Base Rate Fee First G<br>COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX<br>KSWO-TELEM | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>(FDX-NBC<br>(SWO-ABC<br>(JTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>(FDX-NBC<br>(SWO-ABC<br>(JTL-FOX<br>(SWO-TELEM                          | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00         | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T            | JP<br>DSE<br>0.25<br>0.25         | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       | JP        |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KSWO-TELEM                                      | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00<br>1.00 | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T<br>KAUZ-CW | JP<br>DSE<br>0.25<br>0.25<br>1.00 | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       |           |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KSWO-TELEM                                      | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00<br>1.00 | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T<br>KAUZ-CW | JP<br>DSE<br>0.25<br>0.25<br>1.00 | COMMUNITY/ AREA      | FOURTH    | SUBSCRIBER GROU       |           |                         |    |
| COMMUNITY/ AREA<br>CALL SIGN<br>KFDX-NBC<br>KSWO-ABC<br>KJTL-FOX  | THIRD<br>MUNDA<br>DSE<br>0.25<br>0.25<br>1.00<br>1.00 | SUBSCRIBER GROU<br>Y<br>CALL SIGN<br>KAUZ-CBS<br>KJBO-MY T<br>KAUZ-CW | JP<br>DSE<br>0.25<br>0.25<br>1.00 | COMMUNITY/ AREA      | Group     | SUBSCRIBER GROU       |           |                         |    |

| LEGAL NAME OF OWNEF                            |   |           | , INC.        |                         |                         | s          | YSTEM ID#<br>62467 | Name                    |  |  |  |  |
|--|---|-----------|---------------|-------------------------|-------------------------|------------|--------------------|-------------------------|--|--|--|--|
| B  |   |           |               | TE FEES FOR EAC         | H SUBSCR                | IBER GROUP |                    |                         |  |  |  |  |
|  | FIFTH SUBSCRIBER GROUP     SIXTH SUBSCRIBER GROUP       COMMUNITY/ AREA     O |           |               |                         |                         |            |                    |                         |  |  |  |  |
| COMMUNITY/ AREA 0                              |   |           |               | COMMUNITY/ AREA 0       |                         |            |                    | <b>9</b><br>Computation |  |  |  |  |
|  | CALL SIGN   | DSE       | CALL SIGN     | DSE                     | CALL SIGN               | DSE        | of                 |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    | Base Rate Fee           |  |  |  |  |
|  |   |           |               |                         |                         |            |                    | and<br>Syndicated       |  |  |  |  |
|  |   | -         |               |                         |                         |            |                    | Exclusivity             |  |  |  |  |
|  |   |           |               |                         |                         |            |                    | Surcharge               |  |  |  |  |
|  |   |           |               |                         |                         | -          |                    | for<br>Partially        |  |  |  |  |
|  |   |           |               |                         |                         |            |                    | Distant                 |  |  |  |  |
|  |   |           |               |                         |                         |            |                    | Stations                |  |  |  |  |
|  |   |           |               |                         |                         | -          |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
| Total DSEs                                     |   |           | 0.00          | Total DSEs              |                         |            | 0.00               |                         |  |  |  |  |
| Gross Receipts First Gro                       | oup   | \$        | 0.00          | Gross Receipts Seco     | nd Group                | \$         | 0.00               |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
| Base Rate Fee First Gro                        | -   | \$        | 0.00          | Base Rate Fee Seco      |                         | \$         | 0.00               |                         |  |  |  |  |
| SEVENTH SUBSCRIBER GROUP                       |   |           |               |                         | EIGHTH SUBSCRIBER GROUP |            |                    |                         |  |  |  |  |
| COMMUNITY/ AREA                                |   |           | U             | COMMUNITY/ AREA         |                         |            | 0                  |                         |  |  |  |  |
| CALL SIGN                                      | DSE   | CALL SIGN | DSE           | CALL SIGN               | DSE                     | CALL SIGN  | DSE                |                         |  |  |  |  |
|  |   |           |               |                         |                         | -          |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         | -          |                    |                         |  |  |  |  |
|  |   | -         |               |                         |                         |            |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         | -          |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
| Total DSEs                                     | 1   | u         | 0.00          | Total DSEs              |                         | ······     | 0.00               |                         |  |  |  |  |
| Gross Receipts Third G                         | roup  | \$        | 0.00          | Gross Receipts Fourt    | th Group                | \$         | 0.00               |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
| Base Rate Fee Third G                          | roup  | \$        | 0.00          | Base Rate Fee Fourt     | th Group                | \$         | 0.00               |                         |  |  |  |  |
|  |   |           |               |                         |                         |            |                    |                         |  |  |  |  |
| Base Rate Fee: Add the Enter here and in block |   |           | riber group a | as shown in the boxes a | above.                  | \$         |                    |                         |  |  |  |  |

| LEGAL NAME OF OWNE      |            |                      | E, INC.        |                       |                   | S                | 62467 | Name                 |  |
|-------------------------|------------|----------------------|----------------|-----------------------|-------------------|------------------|-------|----------------------|--|
| В                       |            |                      |                | TE FEES FOR EAG       |                   |                  |       |                      |  |
| COMMUNITY/ AREA         | NINTH      | SUBSCRIBER GRO       | UP<br>0        |                       |                   | I SUBSCRIBER GRO |       | 9                    |  |
| COMMONITY AREA          |            |                      | U              | COMMONT I / ARE       | COMMUNITY/ AREA 0 |                  |       |                      |  |
| CALL SIGN               | DSE        | CALL SIGN            | DSE            | CALL SIGN             | DSE               | CALL SIGN        | DSE   | of                   |  |
|                         |            |                      |                |                       |                   |                  |       | Base Rate Fee<br>and |  |
|                         |            |                      |                |                       |                   |                  |       | Syndicated           |  |
|                         |            |                      |                |                       |                   |                  |       | Exclusivity          |  |
|                         |            |                      |                |                       |                   |                  |       | Surcharge            |  |
|                         |            |                      |                |                       |                   |                  |       | for<br>Partially     |  |
|                         |            |                      |                |                       |                   |                  |       | Distant              |  |
|                         |            |                      |                |                       |                   |                  |       | Stations             |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
| Total DSEs              |            |                      | 0.00           | Total DSEs            |                   | <u> </u>         | 0.00  |                      |  |
| Gross Receipts First G  | roup       | \$                   | 0.00           | Gross Receipts Sec    | ond Group         | \$               | 0.00  |                      |  |
| Base Rate Fee First G   | roup       | \$                   | 0.00           | Base Rate Fee Sec     | ond Group         | \$               | 0.00  |                      |  |
| E                       | LEVENTH    | SUBSCRIBER GRO       | UP             |                       |                   |                  |       |                      |  |
| COMMUNITY/ AREA         |            |                      | 0              | COMMUNITY/ ARE        |                   |                  |       |                      |  |
| CALL SIGN               | DSE        | CALL SIGN            | DSE            | CALL SIGN             | DSE               | CALL SIGN        | DSE   |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            | -                    |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            | -                    |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
|                         |            |                      |                |                       |                   |                  |       |                      |  |
| Total DSEs              |            |                      | 0.00           | Total DSEs            |                   |                  | 0.00  |                      |  |
| Gross Receipts Third G  | Group      | \$                   | 0.00           | Gross Receipts Fou    | rth Group         | \$               | 0.00  |                      |  |
| Base Rate Fee Third G   | Group      | \$                   | 0.00           | Base Rate Fee Fou     | rth Group         | \$               | 0.00  |                      |  |
| Base Rate Fee: Add th   | e hase rat | e fees for each subs | criber aroun - | as shown in the boxog | sabove            |                  |       | ,                    |  |
| Enter here and in block |            |                      | Silver group   |                       |                   | \$               |       |                      |  |

| LEGAL NAME OF OWNER                            |         |                 | INC.         |                          |          | S               | YSTEM ID#<br>62467 | Name                 |
|--|---------|-----------------|--------------|--------------------------|----------|-----------------|--------------------|----------------------|
|  |         |                 |              | TE FEES FOR EACH         |          |                 |                    |                      |
| -  | RTEENTH | SUBSCRIBER GROU |              | 11                       | JRTEENTH | 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<br>Syndicated    |
|  |         | -               |              |                          |          |                 |                    | Exclusivity          |
|  |         |                 |              |                          |          |                 |                    | Surcharge            |
|  |         | -               |              |                          |          |                 |                    | for                  |
|  |         |                 |              |                          |          |                 |                    | Partially<br>Distant |
|  |         |                 |              |                          |          | -               |                    | Stations             |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
| Total DSEs                                     |         |                 | 0.00         | Total DSEs 0.00          |          |                 |                    |                      |
| Gross Receipts First Gro                       | oup     | \$              | 0.00         | Gross Receipts Secon     | d Group  | \$              | 0.00               |                      |
| Base Rate Fee First Gro                        | oup     | \$              | 0.00         | Base Rate Fee Secon      | d Group  | \$              | 0.00               |                      |
| FIF  | TEENTH  | SUBSCRIBER GROU | Р            | S                        | IXTEENTH | SUBSCRIBER GROU | JP                 |                      |
| COMMUNITY/ AREA                                |         |                 | 0            | COMMUNITY/ AREA          |          |                 |                    |                      |
| CALL SIGN                                      | DSE     | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN       | DSE                |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         | -               |              |                          |          |                 |                    |                      |
|  |         | -               |              |                          |          |                 |                    |                      |
|  |         | -               |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
| Total DSEs                                     |         |                 | 0.00         | Total DSEs               |          |                 | 0.00               |                      |
| Gross Receipts Third Gr                        | oup     | \$              | 0.00         | Gross Receipts Fourth    | Group    | \$              | 0.00               |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
| Base Rate Fee Third Gr                         | oup     | \$              | 0.00         | Base Rate Fee Fourth     | Group    | \$              | 0.00               |                      |
|  |         |                 |              |                          |          |                 |                    |                      |
| Base Rate Fee: Add the Enter here and in block |         |                 | iber group a | as shown in the boxes al | oove.    | \$              |                    |                      |

| LEGAL NAME OF OWNE                               |         |                 | , INC.      |                         |          | S               | 62467   | Name                 |
|--|---------|-----------------|-------------|-------------------------|----------|-----------------|---------|----------------------|
|  |         |                 |             | TE FEES FOR EACH        |          |                 |         |                      |
| SEVE<br>COMMUNITY/ AREA                          | NTEENTH | SUBSCRIBER GROU | JP<br>0     | EI<br>COMMUNITY/ AREA   |          | SUBSCRIBER GROU | JP<br>0 | 9                    |
| COMMONITY AREA                                   |         |                 | U           | COMMUNITY AREA          |          |                 | U       | Computation          |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE     | of                   |
|  |         |                 |             |                         |          |                 |         | Base Rate Fee<br>and |
|  |         | -               |             |                         |          |                 |         | Syndicated           |
|  |         |                 |             |                         |          | -               |         | Exclusivity          |
|  |         |                 |             |                         |          |                 |         | Surcharge<br>for     |
|  |         | -               |             |                         |          |                 |         | Partially            |
|  |         |                 |             |                         |          |                 |         | Distant              |
|  |         |                 |             |                         |          |                 |         | Stations             |
|  |         | -               |             |                         |          |                 |         |                      |
|  |         |                 |             |                         |          |                 |         |                      |
|  |         |                 |             |                         |          |                 |         |                      |
|  |         |                 |             |                         |          |                 |         |                      |
| Total DSEs                                       |         |                 | 0.00        | Total DSEs              |          |                 | 0.00    |                      |
| Gross Receipts First G                           | roup    | \$              | 0.00        | Gross Receipts Secor    | nd Group | \$              | 0.00    |                      |
| Base Rate Fee First G                            | roup    | \$              | 0.00        | Base Rate Fee Secor     | nd Group | \$              | 0.00    |                      |
| NI   | NTEENTH | SUBSCRIBER GROU | JP          | Т                       |          |                 |         |                      |
| COMMUNITY/ AREA                                  |         |                 | 0           | COMMUNITY/ AREA         |          |                 |         |                      |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE     |                      |
|  |         |                 |             |                         |          |                 |         |                      |
|  |         | -               |             |                         |          |                 |         |                      |
|  |         |                 |             |                         |          |                 |         |                      |
|  |         | -               |             |                         |          |                 |         |                      |
|  |         |                 |             |                         |          |                 |         |                      |
|  |         | -               |             |                         |          |                 |         |                      |
|  |         |                 |             |                         |          |                 |         |                      |
|  |         | -               |             |                         |          |                 |         |                      |
|  |         |                 |             |                         |          |                 |         |                      |
|  |         |                 |             |                         |          |                 |         |                      |
|  |         |                 |             |                         |          |                 |         |                      |
| Total DSEs                                       |         |                 | 0.00        | Total DSEs              |          |                 | 0.00    |                      |
| Gross Receipts Third G                           | Group   | \$              | 0.00        | Gross Receipts Fourth   | h Group  | \$              | 0.00    |                      |
| Base Rate Fee Third G                            | Group   | \$              | 0.00        | Base Rate Fee Fourt     | h Group  | \$              | 0.00    |                      |
| Base Rate Fee: Add th<br>Enter here and in block |         |                 | riber group | as shown in the boxes a | above.   | \$              |         |                      |

| LEGAL NAME OF OWNER      |           |                        | , INC.     |                         |                   | s                     | 62467 | Name                 |  |
|--------------------------|-----------|------------------------|------------|-------------------------|-------------------|-----------------------|-------|----------------------|--|
|                          |           |                        |            | TE FEES FOR EACH        |                   |                       |       |                      |  |
|                          | TY-FIRST  | SUBSCRIBER GROU        |            |                         | Y-SECOND          | SUBSCRIBER GROU       |       | 9                    |  |
| COMMUNITY/ AREA          |           |                        | 0          | COMMUNITY/ AREA         | COMMUNITY/ AREA 0 |                       |       |                      |  |
| CALL SIGN                | DSE       | CALL SIGN              | DSE        | CALL SIGN               | DSE               | CALL SIGN             | DSE   | Computation<br>of    |  |
|                          |           |                        |            |                         |                   |                       |       | Base Rate Fee        |  |
|                          |           |                        |            |                         |                   |                       |       | and<br>Syndicated    |  |
|                          |           |                        |            |                         |                   |                       |       | Exclusivity          |  |
|                          |           |                        |            |                         |                   |                       |       | Surcharge            |  |
|                          |           |                        |            |                         |                   |                       |       | for                  |  |
|                          |           |                        |            |                         |                   |                       |       | Partially<br>Distant |  |
|                          |           |                        |            |                         |                   |                       |       | Stations             |  |
|                          |           |                        |            |                         |                   | <b>_</b>              |       |                      |  |
|                          |           |                        |            |                         |                   | -                     |       |                      |  |
|                          |           |                        |            |                         |                   | _                     |       |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
| Total DSEs               |           |                        | 0.00       | Total DSEs              |                   |                       | 0.00  |                      |  |
| Gross Receipts First Gro | oup       | \$                     | 0.00       | Gross Receipts Secor    | nd Group          | \$                    | 0.00  |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
| Base Rate Fee First Gro  |           | \$                     | 0.00       | Base Rate Fee Secon     |                   | \$<br>SUBSCRIBER GROU | 0.00  |                      |  |
| COMMUNITY/ AREA          | Y-THIRD   | SUBSCRIBER GROU        | 0          | COMMUNITY/ AREA         |                   |                       |       |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
| CALL SIGN                | DSE       | CALL SIGN              | DSE        | CALL SIGN               | DSE               | CALL SIGN             | DSE   |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
|                          |           | -                      |            |                         |                   |                       |       |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
|                          |           |                        |            |                         |                   | _                     |       |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
|                          |           |                        |            |                         |                   | -                     |       |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
|                          |           | -                      |            |                         |                   | _                     |       |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
| Total DSEs               |           |                        | 0.00       | Total DSEs              |                   |                       | 0.00  |                      |  |
| Gross Receipts Third Gr  | oup       | \$                     | 0.00       | Gross Receipts Fourth   | n Group           | \$                    | 0.00  |                      |  |
| Base Rate Fee Third Gr   | oup       | \$                     | 0.00       | Base Rate Fee Fourth    | n Group           | \$                    | 0.00  |                      |  |
|                          |           |                        |            |                         |                   |                       |       |                      |  |
| Base Rate Fee: Add the   | base rate | e fees for each subscr | iber aroun | as shown in the boxes a | bove              |                       |       |                      |  |
| Enter here and in block  |           |                        | or group   |                         |                   | \$                    |       |                      |  |

| LEGAL NAME OF OWNEF      |          |                        | , INC.     |                         |                                     | S         | 62467 | Name                 |
|--------------------------|----------|------------------------|------------|-------------------------|-------------------------------------|-----------|-------|----------------------|
|                          |          |                        |            | TE FEES FOR EACH        |                                     |           |       |                      |
| TWEN<br>COMMUNITY/ AREA  | TY-FIFTH | SUBSCRIBER GROU        | IP<br>0    | TWE<br>COMMUNITY/ AREA  | JP<br>0                             | 9         |       |                      |
|                          |          |                        | U          | COMMONT I AREA          | Computation                         |           |       |                      |
| CALL SIGN                | DSE      | CALL SIGN              | DSE        | CALL SIGN               | DSE                                 | CALL SIGN | DSE   | of                   |
|                          |          |                        |            |                         |                                     |           |       | Base Rate Fee<br>and |
|                          |          | -                      |            |                         |                                     | -         |       | Syndicated           |
|                          |          |                        |            |                         |                                     |           |       | Exclusivity          |
|                          |          |                        |            |                         |                                     |           |       | Surcharge<br>for     |
|                          |          | -                      |            |                         |                                     | -         |       | Partially            |
|                          |          |                        |            |                         |                                     |           |       | Distant              |
|                          |          |                        |            |                         |                                     |           |       | Stations             |
|                          |          | -                      |            |                         |                                     |           |       |                      |
|                          |          |                        |            |                         |                                     |           |       |                      |
|                          |          |                        |            |                         |                                     |           |       |                      |
|                          |          |                        |            |                         |                                     |           |       |                      |
| Total DSEs               |          |                        | 0.00       | Total DSEs              |                                     |           | 0.00  |                      |
| Gross Receipts First Gro | oup      | \$                     | 0.00       | Gross Receipts Secon    | Gross Receipts Second Group \$ 0.00 |           |       |                      |
| Base Rate Fee First Gro  | oup      | \$                     | 0.00       | Base Rate Fee Secor     | nd Group                            | \$        | 0.00  |                      |
|                          | SEVENTH  | SUBSCRIBER GROU        |            | TWEN                    |                                     |           |       |                      |
| COMMUNITY/ AREA          |          |                        | 0          | COMMUNITY/ AREA         |                                     |           |       |                      |
| CALL SIGN                | DSE      | CALL SIGN              | DSE        | CALL SIGN               | DSE                                 | CALL SIGN | DSE   |                      |
|                          |          |                        |            |                         |                                     |           |       |                      |
|                          |          | -                      |            |                         |                                     | -         |       |                      |
|                          |          |                        |            |                         |                                     |           |       |                      |
|                          |          |                        |            |                         |                                     |           |       |                      |
|                          |          | -                      |            |                         |                                     |           |       |                      |
|                          |          |                        |            |                         |                                     | _         |       |                      |
|                          |          |                        |            |                         | -                                   |           |       |                      |
|                          |          |                        |            |                         |                                     |           |       |                      |
|                          |          |                        |            |                         |                                     |           |       |                      |
|                          |          |                        |            |                         | -                                   |           |       |                      |
|                          |          |                        |            |                         |                                     |           |       |                      |
| Total DSEs               |          |                        | 0.00       | Total DSEs              |                                     |           | 0.00  |                      |
| Gross Receipts Third G   | roup     | \$                     | 0.00       | Gross Receipts Fourth   | n Group                             | \$        | 0.00  |                      |
| Base Rate Fee Third G    | roup     | \$                     | 0.00       | Base Rate Fee Fourth    | n Group                             | \$        | 0.00  |                      |
| Base Rate Fee: Add the   | hase ret | a faas for each subsor | iber group | as shown in the boxes a | bove                                |           |       |                      |
| Enter here and in block  |          |                        |            |                         |                                     | \$        |       |                      |

| LEGAL NAME OF OWNEF                            |          |                 | INC.       |                                       |                                     |                 | YSTEM ID#<br>62467 | Name                |  |
|--|----------|-----------------|------------|---------------------------------------|-------------------------------------|-----------------|--------------------|---------------------|--|
|  |          |                 |            | TE FEES FOR EACH                      |                                     |                 | P                  |                     |  |
| COMMUNITY/ AREA                                |          | SUBSCRIBER GROU | <u>۲</u>   | COMMUNITY/ AREA                       |                                     | SUBSCRIBER GROU | P<br>0             | 9                   |  |
|  |          |                 |            |                                       |                                     |                 |                    |                     |  |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE        | CALL SIGN                             | DSE                                 | CALL SIGN       | DSE                | of<br>Base Rate Fee |  |
|  |          |                 |            |                                       |                                     |                 |                    | and                 |  |
|  |          | -               |            |                                       |                                     | =               |                    | Syndicated          |  |
|  |          |                 |            |                                       |                                     |                 |                    | Exclusivity         |  |
|  |          |                 |            |                                       |                                     |                 |                    | Surcharge<br>for    |  |
|  |          |                 |            |                                       |                                     |                 |                    | Partially           |  |
|  |          |                 |            |                                       |                                     |                 |                    | Distant             |  |
|  |          | -               |            |                                       |                                     | -               |                    | Stations            |  |
|  |          |                 |            |                                       |                                     | -               |                    |                     |  |
|  |          |                 |            |                                       |                                     | -               |                    |                     |  |
|  |          |                 |            |                                       |                                     |                 |                    |                     |  |
|  |          |                 |            |                                       |                                     |                 |                    |                     |  |
| Total DSEs                                     |          |                 | 0.00       | Total DSEs                            |                                     |                 | 0.00               |                     |  |
| Gross Receipts First Gro                       | oup      | \$              | 0.00       | Gross Receipts Secon                  | Gross Receipts Second Group \$ 0.00 |                 |                    |                     |  |
|  |          |                 |            |                                       |                                     |                 |                    |                     |  |
| Base Rate Fee First Gro                        |          | \$              | 0.00       | Base Rate Fee Secon                   |                                     | \$              | 0.00               |                     |  |
|  | TY-FIRST | SUBSCRIBER GROU | P<br>0     | THIRT                                 |                                     |                 |                    |                     |  |
| COMMUNITY/ AREA                                |          |                 | U          | COMMONT I AREA                        |                                     |                 |                    |                     |  |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE        | CALL SIGN                             | DSE                                 | CALL SIGN       | DSE                |                     |  |
|  |          |                 |            |                                       |                                     |                 |                    |                     |  |
|  |          |                 |            |                                       |                                     |                 |                    |                     |  |
|  |          |                 |            |                                       |                                     | -               |                    |                     |  |
|  |          |                 |            |                                       |                                     | -               |                    |                     |  |
|  |          |                 |            |                                       | -                                   |                 |                    |                     |  |
|  |          |                 |            |                                       |                                     |                 |                    |                     |  |
|  |          |                 |            |                                       |                                     | -               |                    |                     |  |
|  |          |                 |            |                                       |                                     |                 |                    |                     |  |
|  |          | -               |            |                                       |                                     |                 |                    |                     |  |
|  |          |                 |            |                                       |                                     |                 |                    |                     |  |
|  |          |                 |            |                                       |                                     |                 |                    |                     |  |
| Total DSEs                                     | 1        |                 | 0.00       | Total DSEs                            |                                     |                 | 0.00               |                     |  |
| Gross Receipts Third G                         | oup      | \$              | 0.00       | Gross Receipts Fourth                 | Group                               | \$              | 0.00               |                     |  |
|  |          |                 |            | · · · · · · · · · · · · · · · · · · · |                                     |                 |                    |                     |  |
| Base Rate Fee Third G                          | oup      | \$              | 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 al              | oove.                               | \$              |                    |                     |  |

| LEGAL NAME OF OWNE                               |           |                | E, INC.        |                          |          | S               | 62467   | Name                 |
|--|-----------|----------------|----------------|--------------------------|----------|-----------------|---------|----------------------|
|  |           |                |                | TE FEES FOR EACH         |          |                 |         |                      |
| THIR<br>COMMUNITY/ AREA                          | TY-THIRD  | SUBSCRIBER GRO | UP<br>0        | THIR1<br>COMMUNITY/ AREA |          | SUBSCRIBER GROU | UP<br>0 | 9                    |
| COMMONITT/ AREA                                  |           |                | U              |                          |          |                 | U       | Computation          |
| CALL SIGN  | DSE       | CALL SIGN      | DSE            | CALL SIGN                | DSE      | CALL SIGN       | DSE     | of                   |
|  |           |                |                |                          |          |                 |         | Base Rate Fee<br>and |
|  |           | -              |                |                          |          |                 |         | Syndicated           |
|  |           |                |                |                          |          |                 |         | Exclusivity          |
|  |           |                |                |                          |          |                 |         | Surcharge<br>for     |
|  |           | -              |                |                          |          |                 |         | Partially            |
|  |           | -              |                |                          |          |                 |         | Distant              |
|  |           |                |                |                          |          |                 |         | Stations             |
|  |           |                |                |                          |          |                 |         |                      |
|  |           |                |                |                          |          |                 |         |                      |
|  |           |                |                |                          |          |                 |         |                      |
|  |           |                |                |                          |          |                 |         |                      |
| Total DSEs                                       |           |                | 0.00           | Total DSEs               |          |                 | 0.00    |                      |
| Gross Receipts First G                           | roup      | \$             | 0.00           | Gross Receipts Secor     | nd Group | \$              | 0.00    |                      |
| Base Rate Fee First G                            | roup      | \$             | 0.00           | Base Rate Fee Secor      | nd Group | \$              | 0.00    |                      |
|  | RTY-FIFTH | SUBSCRIBER GRO | UP             | ТН                       |          |                 |         |                      |
| COMMUNITY/ AREA                                  |           |                | 0              | COMMUNITY/ AREA          |          |                 |         |                      |
| CALL SIGN  | DSE       | CALL SIGN      | DSE            | CALL SIGN                | DSE      | CALL SIGN       | DSE     |                      |
|  |           |                |                |                          |          |                 |         |                      |
|  |           | -              |                |                          |          |                 |         |                      |
|  |           |                |                |                          |          |                 |         |                      |
|  |           | -              |                |                          |          |                 |         |                      |
|  |           | -              |                |                          |          |                 |         |                      |
|  |           |                |                |                          |          |                 |         |                      |
|  |           | -              |                |                          |          |                 |         |                      |
|  |           |                |                |                          |          |                 |         |                      |
|  |           |                |                |                          |          |                 |         |                      |
|  |           |                |                |                          |          |                 |         |                      |
|  |           |                |                |                          |          |                 |         |                      |
| Total DSEs                                       |           |                | 0.00           | Total DSEs               |          |                 | 0.00    |                      |
| Gross Receipts Third G                           | Group     | \$             | 0.00           | Gross Receipts Fourth    | h Group  | \$              | 0.00    |                      |
| Base Rate Fee Third G                            | Group     | \$             | 0.00           | Base Rate Fee Fourt      | h Group  | \$              | 0.00    |                      |
| Base Rate Fee: Add th<br>Enter here and in block |           |                | criber group a | as shown in the boxes a  | above.   | \$              |         |                      |

| LEGAL NAME OF OWNER                            |               |                 | , INC.              |                         |                                | s         | 62467 | Name                 |
|--|---------------|-----------------|---------------------|-------------------------|--------------------------------|-----------|-------|----------------------|
|  |               |                 |                     | TE FEES FOR EACH        |                                |           |       |                      |
| THIRTY-S                                       | SEVENTH       | SUBSCRIBER GROU | IP<br>0             | THIR<br>COMMUNITY/ AREA | JP<br>0                        | 9         |       |                      |
| COMMONITY AREA                                 |               |                 | U                   | COMMUNITY AREA          | Computation                    |           |       |                      |
| CALL SIGN                                      | DSE           | CALL SIGN       | DSE                 | CALL SIGN               | DSE                            | CALL SIGN | DSE   | of                   |
|  |               |                 |                     |                         |                                |           |       | Base Rate Fee<br>and |
|  |               | -               |                     |                         |                                | -         |       | Syndicated           |
|  |               |                 |                     |                         |                                |           |       | Exclusivity          |
|  |               |                 |                     |                         |                                |           |       | Surcharge<br>for     |
|  |               | -               |                     |                         |                                | -         |       | Partially            |
|  |               |                 |                     |                         |                                |           |       | Distant              |
|  |               |                 |                     |                         |                                |           |       | Stations             |
|  |               | -               |                     |                         |                                |           |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
| Total DSEs                                     |               |                 | 0.00                | Total DSEs              |                                |           | 0.00  |                      |
| Gross Receipts First Gr                        | oup           | \$              | 0.00                | Gross Receipts Secor    | Gross Receipts Second Group \$ |           |       |                      |
| Base Rate Fee First Gr                         | oup           | \$              | 0.00                | Base Rate Fee Secon     | nd Group                       | \$        | 0.00  |                      |
| THIR   | TY-NINTH      | SUBSCRIBER GROU | IP                  |                         |                                |           |       |                      |
| COMMUNITY/ AREA                                |               |                 | 0                   | COMMUNITY/ AREA         |                                |           |       |                      |
| CALL SIGN                                      | DSE           | CALL SIGN       | DSE                 | CALL SIGN               | DSE                            | CALL SIGN | DSE   |                      |
|  |               | -               |                     |                         |                                |           |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
|  |               | -               |                     |                         |                                | -         |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
|  |               |                 |                     |                         |                                | -         |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
|  |               |                 |                     |                         |                                |           |       |                      |
| Total DSEs                                     |               |                 | 0.00                | Total DSEs              |                                |           | 0.00  |                      |
| Gross Receipts Third G                         | roup          | \$              | 0.00                | Gross Receipts Fourth   | h Group                        | \$        | 0.00  |                      |
| Base Rate Fee Third Group \$ 0.00              |               | 0.00            | Base Rate Fee Fourt | h Group                 | \$                             | 0.00      |       |                      |
| Base Rate Fee: Add the Enter here and in block |               |                 | iber group          | as shown in the boxes a | above.                         | \$        |       |                      |
|  | 5, iii e 1, S | pace L (paye 1) |                     |                         |                                | φ         |       |                      |

| LEGAL NAME OF OWNEF                               |          |                 | INC.                 |                         |          | S               | 62467 | Name                 |
|---|----------|-----------------|----------------------|-------------------------|----------|-----------------|-------|----------------------|
|   |          |                 |                      | TE FEES FOR EACH        |          |                 |       |                      |
|   | TY-FIRST | SUBSCRIBER GROU |                      | 11                      | Y-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<br>Syndicated    |
|   |          |                 |                      |                         |          |                 |       | Exclusivity          |
|   |          |                 |                      |                         |          |                 |       | Surcharge            |
|   |          |                 |                      |                         |          |                 |       | for                  |
|   |          |                 |                      |                         |          |                 |       | Partially<br>Distant |
|   |          |                 |                      |                         |          |                 |       | Stations             |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
| Total DSEs  |          |                 | 0.00                 | Total DSEs              |          |                 | 0.00  |                      |
| Gross Receipts First Gro                          | oup      | \$              | 0.00                 | Gross Receipts Secon    | d Group  | \$              | 0.00  |                      |
| Base Rate Fee First Gro                           | oup      | \$              | 0.00                 | Base Rate Fee Secon     | d Group  | \$              | 0.00  |                      |
| FORT  | Y-THIRD  | SUBSCRIBER GROU | Р                    | FORT                    | Y-FOURTH | SUBSCRIBER GROU | JP    |                      |
| COMMUNITY/ AREA                                   |          |                 | 0                    | COMMUNITY/ AREA         |          |                 |       |                      |
| CALL SIGN   | DSE      | CALL SIGN       | DSE                  | CALL SIGN               | DSE      | CALL SIGN       | DSE   |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          | -               |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          | -               |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
|   |          |                 |                      |                         |          |                 |       |                      |
| Total DSEs  |          |                 | 0.00                 | Total DSEs              |          |                 | 0.00  |                      |
| Gross Receipts Third G                            | roup     | \$              | 0.00                 | Gross Receipts Fourth   | Group    | \$              | 0.00  |                      |
| Base Rate Fee Third Group \$ 0.00                 |          | 0.00            | Base Rate Fee Fourth | Group                   | \$       | 0.00            |       |                      |
| Base Rate Fee: Add the<br>Enter here and in block |          |                 | iber group           | as shown in the boxes a | bove.    | \$              |       |                      |

| LEGAL NAME OF OWNER                            |          |                 | INC.         |                                     |           | 5               | YSTEM ID#<br>62467 | Name                 |
|--|----------|-----------------|--------------|-------------------------------------|-----------|-----------------|--------------------|----------------------|
|  |          |                 |              | TE FEES FOR EACH                    |           |                 |                    |                      |
| FOR<br>COMMUNITY/ AREA                         | TY-FIFTH | SUBSCRIBER GROU | P<br>0       | FOI<br>COMMUNITY/ AREA              | RTY-SIXTH | SUBSCRIBER GROU | IP<br>0            | 9                    |
|  |          |                 | •            |                                     | •         | Computation     |                    |                      |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE          | CALL SIGN                           | DSE       | CALL SIGN       | DSE                | of                   |
|  |          |                 |              |                                     |           |                 |                    | Base Rate Fee<br>and |
|  |          |                 |              |                                     |           |                 |                    | Syndicated           |
|  |          |                 |              |                                     |           |                 |                    | Exclusivity          |
|  |          |                 |              |                                     |           |                 |                    | Surcharge            |
|  |          | -               |              |                                     |           | -               |                    | for<br>Partially     |
|  |          |                 |              |                                     |           |                 |                    | Distant              |
|  |          |                 |              |                                     |           | -               |                    | Stations             |
|  |          |                 |              |                                     |           |                 |                    |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
| Total DSEs                                     |          |                 | 0.00         | Total DSEs                          |           |                 | 0.00               |                      |
| Gross Receipts First Gro                       | oup      | \$              | 0.00         | Gross Receipts Second Group \$ 0.00 |           |                 |                    |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
| Base Rate Fee First Gro                        | oup      | \$              | 0.00         | Base Rate Fee Secon                 | d Group   | \$              | 0.00               |                      |
|  | EVENTH   | SUBSCRIBER GROU |              | FORT                                |           |                 |                    |                      |
| COMMUNITY/ AREA                                |          |                 | 0            | COMMUNITY/ AREA                     |           |                 |                    |                      |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE          | CALL SIGN                           | DSE       | CALL SIGN       | DSE                |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
|  |          | -               |              |                                     |           |                 |                    |                      |
|  |          |                 |              |                                     |           | -               |                    |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
|  |          |                 |              |                                     |           | -               |                    |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
|  |          |                 |              |                                     |           | -               |                    |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
| Total DSEs                                     |          |                 | 0.00         | Total DSEs                          |           |                 | 0.00               |                      |
| Gross Receipts Third Gr                        | oup      | \$              | 0.00         | Gross Receipts Fourth               | Group     | \$              | 0.00               |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
| Base Rate Fee Third Gr                         | oup      | \$              | 0.00         | Base Rate Fee Fourth                | Group     | \$              | 0.00               |                      |
|  |          |                 |              |                                     |           |                 |                    |                      |
| Base Rate Fee: Add the Enter here and in block |          |                 | iber group a | as shown in the boxes al            | oove.     | \$              |                    |                      |

| LEGAL NAME OF OWNER                               |          |                 | INC.                 |                          |         | S                            | YSTEM ID#<br>62467 | Name                 |
|---|----------|-----------------|----------------------|--------------------------|---------|------------------------------|--------------------|----------------------|
|   |          |                 |                      | TE FEES FOR EACH         |         | BER GROUP<br>SUBSCRIBER GROU |                    |                      |
| FORT<br>COMMUNITY/ AREA                           | Y-NINTH  | SUBSCRIBER GROU | P<br>0               | COMMUNITY/ AREA          | JP<br>0 | 9                            |                    |                      |
|   |          |                 | U                    |                          |         |                              | U                  | Computation          |
| CALL SIGN   | DSE      | CALL SIGN       | DSE                  | CALL SIGN                | DSE     | CALL SIGN                    | DSE                | of                   |
|   |          |                 |                      |                          |         |                              |                    | Base Rate Fee<br>and |
|   |          | -               |                      |                          |         | -                            |                    | Syndicated           |
|   |          |                 |                      |                          |         |                              |                    | Exclusivity          |
|   |          |                 |                      |                          |         |                              |                    | Surcharge<br>for     |
|   |          | -               |                      |                          |         |                              |                    | Partially            |
|   |          |                 |                      |                          |         |                              |                    | Distant              |
|   |          | -               |                      |                          |         |                              |                    | Stations             |
|   |          |                 |                      |                          |         | -                            |                    |                      |
|   |          | -               |                      |                          |         |                              |                    |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
| Total DSEs  |          |                 | 0.00                 | Total DSEs               |         |                              | 0.00               |                      |
| Gross Receipts First Gro                          | oup      | \$              | 0.00                 | Gross Receipts Secon     | d Group | \$                           | 0.00               |                      |
| Base Rate Fee First Gro                           | oup      | \$              | 0.00                 | Base Rate Fee Secon      | d Group | \$                           | 0.00               |                      |
| FIF   | TY-FIRST | SUBSCRIBER GROU | Р                    | FIFT                     |         |                              |                    |                      |
| COMMUNITY/ AREA                                   |          |                 | 0                    | COMMUNITY/ AREA          |         |                              |                    |                      |
| CALL SIGN   | DSE      | CALL SIGN       | DSE                  | CALL SIGN                | DSE     | CALL SIGN                    | DSE                |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
|   |          | -               |                      |                          |         |                              |                    |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
|   |          | -               |                      |                          |         |                              |                    |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
|   |          |                 |                      |                          |         |                              |                    |                      |
| Total DSEs  |          |                 | 0.00                 | Total DSEs               |         |                              | 0.00               |                      |
| Gross Receipts Third Gr                           | oup      | \$              | 0.00                 | Gross Receipts Fourth    | Group   | \$                           | 0.00               |                      |
| Base Rate Fee Third Group \$ 0.00                 |          | 0.00            | Base Rate Fee Fourth | Group                    | \$      | 0.00                         |                    |                      |
| Base Rate Fee: Add the<br>Enter here and in block |          |                 | iber group a         | as shown in the boxes al | oove.   | \$                           |                    |                      |

| LEGAL NAME OF OWNER               |              |                 | INC.                 |                         |            | S               | 62467 | Name                 |
|-----------------------------------|--------------|-----------------|----------------------|-------------------------|------------|-----------------|-------|----------------------|
| В                                 | LOCK A:      | COMPUTATION OF  | BASE RA              | TE FEES FOR EACH        | I SUBSCRI  | BER GROUP       |       |                      |
| FIF                               | ry-third     | SUBSCRIBER GROU |                      | FIFT                    | TY-FOURTH  | SUBSCRIBER GROU |       | 9                    |
| COMMUNITY/ AREA                   |              |                 | 0                    | COMMUNITY/ AREA         | 0          | Computation     |       |                      |
| CALL SIGN                         | DSE          | CALL SIGN       | DSE                  | CALL SIGN               | DSE        | CALL SIGN       | DSE   | of                   |
|                                   |              |                 |                      |                         |            |                 |       | Base Rate Fee        |
|                                   |              |                 |                      |                         |            |                 |       | and<br>Syndicated    |
|                                   |              |                 |                      |                         |            |                 |       | Exclusivity          |
|                                   |              |                 |                      |                         |            |                 |       | Surcharge            |
|                                   |              |                 |                      |                         |            |                 |       | for                  |
|                                   |              |                 |                      |                         |            |                 |       | Partially<br>Distant |
|                                   |              |                 |                      |                         |            |                 |       | Stations             |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            | -               |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
| Total DSEs                        |              |                 | 0.00                 | Total DSEs              |            |                 | 0.00  |                      |
| Gross Receipts First Gr           | oup          | \$              | 0.00                 | Gross Receipts Secor    | nd Group   | \$              | 0.00  |                      |
| Base Rate Fee First Gr            | oup          | \$              | 0.00                 | Base Rate Fee Secor     | nd Group   | \$              | 0.00  |                      |
| FIF                               | TY-FIFTH     | SUBSCRIBER GROU | Ρ                    | F                       | IFTY-SIXTH | SUBSCRIBER GROU | JP    |                      |
| COMMUNITY/ AREA                   |              |                 | 0                    | COMMUNITY/ AREA         |            |                 |       |                      |
| CALL SIGN                         | DSE          | CALL SIGN       | DSE                  | CALL SIGN               | DSE        | CALL SIGN       | DSE   |                      |
|                                   |              | -               |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            | -               |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              |                 |                      |                         |            |                 |       |                      |
|                                   |              | 0.00            | Total DSEs           |                         |            | 0.00            |       |                      |
| Gross Receipts Third G            | roup         | \$              | 0.00                 | Gross Receipts Fourth   | n Group    | \$              | 0.00  |                      |
| Base Rate Fee Third Group \$ 0.00 |              | 0.00            | Base Rate Fee Fourth | n Group                 | \$         | 0.00            |       |                      |
| Base Rate Fee: Add the            |              |                 | iber group           | as shown in the boxes a | above.     |                 |       |                      |
| Enter here and in block           | 3, line 1, s | pace L (page 7) |                      |                         |            | \$              |       |                      |

| LEGAL NAME OF OWNE                                      |          |                | , INC.      |                         |          | S                | 62467   | Name                 |
|---|----------|----------------|-------------|-------------------------|----------|------------------|---------|----------------------|
|   |          |                |             | TE FEES FOR EACH        |          |                  |         |                      |
| FIFTY-<br>COMMUNITY/ AREA                               | -SEVENTH | SUBSCRIBER GRO | JP<br>0     | FIF<br>COMMUNITY/ AREA  |          | I SUBSCRIBER GRO | JP<br>0 | 9                    |
| COMMUNITY/ AREA   |          |                | U           | COMMUNITY/ AREA         |          |                  | U       | Computation          |
| CALL SIGN   | DSE      | CALL SIGN      | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE     | of                   |
|   |          |                |             |                         |          |                  |         | Base Rate Fee<br>and |
|   |          | -              |             |                         |          |                  |         | Syndicated           |
|   |          |                |             |                         |          |                  |         | Exclusivity          |
|   |          |                |             |                         |          |                  |         | Surcharge<br>for     |
|   |          | -              |             |                         |          |                  |         | Partially            |
|   |          |                |             |                         |          |                  |         | Distant              |
|   |          | -              |             |                         |          |                  |         | Stations             |
|   |          | -              |             |                         |          |                  |         |                      |
|   |          |                |             |                         |          |                  |         |                      |
|   |          |                |             |                         |          |                  |         |                      |
|   |          |                |             |                         |          |                  |         |                      |
| Total DSEs  |          |                | 0.00        | Total DSEs              |          |                  | 0.00    |                      |
| Gross Receipts First G                                  | roup     | \$             | 0.00        | Gross Receipts Secon    | nd Group | \$               | 0.00    |                      |
| Base Rate Fee First G                                   | roup     | \$             | 0.00        | Base Rate Fee Secon     | nd Group | \$               | 0.00    |                      |
| FIF   | TY-NINTH | SUBSCRIBER GRO | JP          |                         |          |                  |         |                      |
| COMMUNITY/ AREA   |          |                | 0           | COMMUNITY/ AREA         |          |                  |         |                      |
| CALL SIGN   | DSE      | CALL SIGN      | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE     |                      |
|   |          |                |             |                         |          |                  |         |                      |
|   |          | -              |             |                         |          |                  |         |                      |
|   |          | -              |             |                         |          |                  |         |                      |
|   |          |                |             |                         | •        |                  |         |                      |
|   |          | -              |             |                         |          |                  |         |                      |
|   |          |                |             |                         |          |                  |         |                      |
|   |          |                |             |                         |          |                  |         |                      |
|   |          |                |             |                         |          |                  |         |                      |
|   |          |                |             |                         |          |                  |         |                      |
|   |          |                |             |                         |          |                  |         |                      |
|   |          |                |             |                         |          |                  |         |                      |
| Total DSEs  |          |                | 0.00        | Total DSEs              |          |                  | 0.00    |                      |
| Gross Receipts Third C                                  | Group    | \$             | 0.00        | Gross Receipts Fourt    | h Group  | \$               | 0.00    |                      |
| Base Rate Fee Third C                                   | Group    | \$             | 0.00        | Base Rate Fee Fourt     | h Group  | \$               | 0.00    |                      |
| <b>Base Rate Fee:</b> Add th<br>Enter here and in block |          |                | riber group | as shown in the boxes a | above.   | \$               |         |                      |

| LEGAL NAME OF OWN      |                |                  | E, INC.        |                        |           | S              | 62467 BYSTEM | Name                |  |
|------------------------|----------------|------------------|----------------|------------------------|-----------|----------------|--------------|---------------------|--|
|                        |                |                  |                | TE FEES FOR EAC        |           |                |              |                     |  |
| SI<br>COMMUNITY/ AREA  | IXTY-FIRST     | SUBSCRIBER GRO   | UP<br>0        | SIX<br>COMMUNITY/ AREA |           | SUBSCRIBER GRO | UP<br>0      | 9                   |  |
|                        |                |                  | ·              |                        |           |                |              |                     |  |
| CALL SIGN              | DSE            | CALL SIGN        | DSE            | CALL SIGN              | DSE       | CALL SIGN      | DSE          | of<br>Base Rate Fee |  |
|                        |                |                  |                |                        |           |                |              | and                 |  |
|                        |                | -                |                |                        |           |                |              | Syndicated          |  |
|                        |                |                  |                |                        |           |                |              | Exclusivity         |  |
|                        |                |                  |                |                        |           |                |              | Surcharge<br>for    |  |
|                        |                |                  |                |                        |           |                |              | Partially           |  |
|                        |                |                  |                |                        |           |                |              | Distant<br>Stations |  |
|                        |                |                  |                |                        |           |                |              | Stations            |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
| Total DSEs             |                |                  | 0.00           | Total DSEs             |           |                | 0.00         |                     |  |
| Gross Receipts First ( | Group          | \$               | 0.00           | Gross Receipts Seco    | ond Group | \$             | 0.00         |                     |  |
| Base Rate Fee First C  | Group          | \$               | 0.00           | Base Rate Fee Seco     | ond Group | \$             | 0.00         |                     |  |
|                        | XTY-THIRD      | SUBSCRIBER GRO   |                | SIX                    |           |                |              |                     |  |
| COMMUNITY/ AREA        |                |                  | 0              | COMMUNITY/ AREA        |           |                |              |                     |  |
| CALL SIGN              | DSE            | CALL SIGN        | DSE            | CALL SIGN              | DSE       | CALL SIGN      | DSE          |                     |  |
|                        |                | -                |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
|                        |                | -                |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           | -              |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
|                        |                |                  |                |                        |           |                |              |                     |  |
| Total DSEs             |                |                  | 0.00           | Total DSEs             |           |                | 0.00         |                     |  |
| Gross Receipts Third   | Group          | \$               | 0.00           | Gross Receipts Fourt   | th Group  | \$             | 0.00         |                     |  |
| Base Rate Fee Third    | Group          | \$               | 0.00           | Base Rate Fee Four     | th Group  | \$             | 0.00         |                     |  |
|                        |                |                  | criber group a | as shown in the boxes  | above.    |                |              |                     |  |
| Enter here and in bloc | k 3, line 1, s | space L (page 7) |                |                        |           | \$             |              |                     |  |

| LEGAL NAME OF OWNE                                      |           |                 | , INC.        |                         |            | S               | 62467 62467 | Name                     |  |
|---|-----------|-----------------|---------------|-------------------------|------------|-----------------|-------------|--------------------------|--|
|   |           |                 |               | TE FEES FOR EACH        |            |                 |             |                          |  |
| SI><br>COMMUNITY/ AREA                                  | XTY-FIFTH | SUBSCRIBER GRO  | UP<br>0       | S<br>COMMUNITY/ AREA    | IXTY-SIXTH | SUBSCRIBER GROU | JP<br>0     | 9                        |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE           | CALL SIGN               | DSE        | CALL SIGN       | DSE         | of<br>Base Rate Fee      |  |
|   |           |                 |               |                         |            |                 |             | and                      |  |
|   |           |                 |               |                         |            |                 |             | Syndicated               |  |
|   |           |                 |               |                         |            |                 |             | Exclusivity<br>Surcharge |  |
|   |           |                 |               |                         |            |                 |             | for                      |  |
|   |           |                 |               |                         |            | -               |             | Partially                |  |
|   |           |                 |               |                         |            |                 |             | Distant<br>Stations      |  |
|   |           |                 |               |                         |            |                 |             | olutions                 |  |
|   |           | -               |               |                         |            | -               |             |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
| Total DSEs  |           |                 | 0.00          | Total DSEs              |            |                 | 0.00        |                          |  |
| Gross Receipts First G                                  | roup      | \$              | 0.00          | Gross Receipts Secor    | nd Group   | \$              | 0.00        |                          |  |
| <b>Base Rate Fee</b> First G                            | roup      | \$              | 0.00          | Base Rate Fee Secor     | nd Group   | \$              | 0.00        |                          |  |
| SIXTY-  | SEVENTH   | SUBSCRIBER GRO  | UP            | SIX                     |            |                 |             |                          |  |
| COMMUNITY/ AREA   |           |                 | 0             | COMMUNITY/ AREA         |            |                 |             |                          |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE           | CALL SIGN               | DSE        | CALL SIGN       | DSE         |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
|   |           | -               |               |                         |            | -               |             |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
|   |           | -               |               |                         |            |                 |             |                          |  |
|   |           |                 |               |                         |            | -               |             |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
|   |           |                 |               |                         |            |                 |             |                          |  |
| Total DSEs  |           |                 | 0.00          | Total DSEs              |            |                 | 0.00        |                          |  |
| Gross Receipts Third G                                  | Group     | \$              | 0.00          | Gross Receipts Fourth   | n Group    | \$              | 0.00        |                          |  |
| Base Rate Fee Third G                                   | Group     | \$              | 0.00          | Base Rate Fee Fourth    | ו Group    | \$              | 0.00        |                          |  |
| <b>Base Rate Fee:</b> Add th<br>Enter here and in block |           |                 | riber group a | as shown in the boxes a | bove.      | \$              |             |                          |  |
|   | ,         | Page - (bage 1) |               |                         |            | ÷               |             |                          |  |

| LEGAL NAME OF OWNEF                            |          |                 | INC.       |                         |          | S               | YSTEM ID#<br>62467 | Name                 |
|--|----------|-----------------|------------|-------------------------|----------|-----------------|--------------------|----------------------|
|  |          |                 |            | TE FEES FOR EACH        | SUBSCRI  | BER GROUP       |                    |                      |
|  | ry-ninth | SUBSCRIBER GROU |            | SE                      |          | 9               |                    |                      |
| COMMUNITY/ AREA                                |          |                 | 0          | COMMUNITY/ AREA         |          |                 | 0                  | Computation          |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE        | CALL SIGN               | DSE      | DSE CALL SIGN   |                    | of                   |
|  |          |                 |            |                         |          |                 |                    | Base Rate Fee        |
|  |          |                 |            |                         |          |                 |                    | and<br>Syndicated    |
|  |          | -               |            |                         |          | <u> </u>        |                    | Exclusivity          |
|  |          |                 |            |                         |          |                 |                    | Surcharge            |
|  |          |                 |            |                         |          |                 |                    | for                  |
|  |          |                 |            |                         |          |                 |                    | Partially<br>Distant |
|  |          | -               |            |                         |          | _               |                    | Stations             |
|  |          |                 |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
| Total DSEs                                     |          |                 | 0.00       | Total DSEs              |          |                 | 0.00               |                      |
| Gross Receipts First Gro                       | oup      | \$              | 0.00       | Gross Receipts Secon    | d Group  | \$              | 0.00               |                      |
| Base Rate Fee First Gro                        | oup      | \$              | 0.00       | Base Rate Fee Secon     | d Group  | \$              | 0.00               |                      |
| SEVEN  | TY-FIRST | SUBSCRIBER GROU | Ρ          | SEVENT                  | Y-SECOND | SUBSCRIBER GROU | JP                 |                      |
| COMMUNITY/ AREA                                |          |                 | 0          | COMMUNITY/ AREA         |          |                 |                    |                      |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE        | CALL SIGN               | DSE      | CALL SIGN       | DSE                |                      |
|  |          | -               |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          | _               |                    |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          | -               |                    |                      |
|  |          |                 |            |                         |          | -               |                    |                      |
|  |          | -               |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
| Total DSEs                                     | 1        |                 | 0.00       | Total DSEs              | 1        |                 | 0.00               |                      |
| Gross Receipts Third G                         | roup     | \$              | 0.00       | Gross Receipts Fourth   | Group    | \$              | 0.00               |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
| Base Rate Fee Third G                          | roup     | \$              | 0.00       | Base Rate Fee Fourth    | Group    | \$              | 0.00               |                      |
|  |          |                 |            |                         |          |                 |                    |                      |
| Base Rate Fee: Add the Enter here and in block |          |                 | iber group | as shown in the boxes a | bove.    | \$              |                    |                      |

| LEGAL NAME OF OWNE                               |           |                 | , INC.      |                          |           | S           | 62467     | Name             |                     |
|--|-----------|-----------------|-------------|--------------------------|-----------|-------------|-----------|------------------|---------------------|
|  |           |                 |             | TE FEES FOR EACH         |           |             |           |                  |                     |
| SEVEN  | ITY-THIRD | SUBSCRIBER GROU | JP<br>0     | SEVEN<br>COMMUNITY/ AREA | JP<br>0   | 9           |           |                  |                     |
|  |           |                 | •           |                          | •         | Computation |           |                  |                     |
| CALL SIGN  | DSE       | CALL SIGN       | CALL SIGN   | DSE                      | CALL SIGN | DSE         | CALL SIGN | DSE              | of<br>Base Rate Fee |
|  |           |                 |             |                          |           |             |           | and              |                     |
|  |           | -               |             |                          |           |             |           | Syndicated       |                     |
|  |           |                 |             |                          |           |             |           | Exclusivity      |                     |
|  |           |                 |             |                          |           |             |           | Surcharge<br>for |                     |
|  |           | -               |             |                          |           |             |           | Partially        |                     |
|  |           |                 |             |                          |           |             |           | Distant          |                     |
|  |           |                 |             |                          |           |             |           | Stations         |                     |
|  |           | -               |             |                          |           |             |           |                  |                     |
|  |           |                 |             |                          |           |             |           |                  |                     |
|  |           |                 |             |                          |           |             |           |                  |                     |
|  |           |                 |             |                          |           |             |           |                  |                     |
| Total DSEs                                       |           |                 | 0.00        | Total DSEs               |           |             | 0.00      |                  |                     |
| Gross Receipts First G                           | roup      | \$              | 0.00        | Gross Receipts Seco      | nd Group  | \$          | 0.00      |                  |                     |
| Base Rate Fee First G                            | roup      | \$              | 0.00        | Base Rate Fee Secon      | nd Group  | \$          | 0.00      | l                |                     |
| SEVEN  | NTY-FIFTH | SUBSCRIBER GROU | JP          | SEVE                     | ſ         |             |           |                  |                     |
| COMMUNITY/ AREA                                  |           |                 | 0           | COMMUNITY/ AREA          |           |             |           |                  |                     |
| CALL SIGN  | DSE       | CALL SIGN       | DSE         | CALL SIGN                | DSE       | CALL SIGN   | DSE       | i                |                     |
|  |           |                 |             |                          |           |             |           |                  |                     |
|  |           | -               |             |                          |           |             |           |                  |                     |
|  |           | -               |             |                          |           |             |           |                  |                     |
|  |           |                 |             |                          |           |             |           |                  |                     |
|  |           | -               |             |                          |           |             |           |                  |                     |
|  |           |                 |             |                          |           |             |           |                  |                     |
|  |           |                 |             |                          |           |             |           |                  |                     |
|  |           |                 |             |                          |           |             |           |                  |                     |
|  |           |                 |             |                          |           |             |           |                  |                     |
|  |           |                 |             |                          |           |             |           |                  |                     |
|  |           |                 |             |                          |           |             |           | ,<br>            |                     |
| Total DSEs                                       |           |                 | 0.00        | Total DSEs               |           |             | 0.00      |                  |                     |
| Gross Receipts Third G                           | Group     | \$              | 0.00        | Gross Receipts Fourt     | h Group   | \$          | 0.00      |                  |                     |
| Base Rate Fee Third C                            | Group     | \$              | 0.00        | Base Rate Fee Fourt      | h Group   | \$          | 0.00      |                  |                     |
| Base Rate Fee: Add th<br>Enter here and in block |           |                 | riber group | as shown in the boxes a  | above.    | \$          |           |                  |                     |

| LEGAL NAME OF OWNE                               |           |                | , INC.      |                          |           | S               | 62467 | Name                |  |
|--|-----------|----------------|-------------|--------------------------|-----------|-----------------|-------|---------------------|--|
|  |           |                |             | TE FEES FOR EACH         |           |                 |       |                     |  |
| SEVENTY<br>COMMUNITY/ AREA                       | -SEVENTH  | SUBSCRIBER GRO | JP<br>0     | SEVEN<br>COMMUNITY/ AREA | JP<br>0   | 9               |       |                     |  |
|  |           |                | •           |                          |           |                 |       |                     |  |
| CALL SIGN  | DSE       | CALL SIGN      | DSE         | CALL SIGN                | DSE       | CALL SIGN       | DSE   | of<br>Base Rate Fee |  |
|  |           |                |             |                          |           |                 |       | and                 |  |
|  |           | -              |             |                          |           |                 |       | Syndicated          |  |
|  |           |                |             |                          |           |                 |       | Exclusivity         |  |
|  |           |                |             |                          |           |                 |       | Surcharge<br>for    |  |
|  |           | -              |             |                          |           |                 |       | Partially           |  |
|  |           |                |             |                          |           |                 |       | Distant             |  |
|  |           |                |             |                          |           |                 |       | Stations            |  |
|  |           | -              |             |                          |           |                 |       |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
| Total DSEs                                       |           |                | 0.00        | Total DSEs               |           |                 | 0.00  |                     |  |
| Gross Receipts First G                           | iroup     | \$             | 0.00        | Gross Receipts Seco      | nd Group  | \$              | 0.00  |                     |  |
| Base Rate Fee First G                            | iroup     | \$             | 0.00        | Base Rate Fee Second     | nd Group  | \$              | 0.00  |                     |  |
| SEVEN  | ITY-NINTH | SUBSCRIBER GRO | JP          |                          | EIGHTIETH | SUBSCRIBER GROU | JP    |                     |  |
| COMMUNITY/ AREA                                  |           |                | 0           | COMMUNITY/ AREA          |           |                 |       |                     |  |
| CALL SIGN  | DSE       | CALL SIGN      | DSE         | CALL SIGN                | DSE       | CALL SIGN       | DSE   |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
|  |           | -              |             |                          |           |                 |       |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
|  |           | -              |             |                          |           |                 |       |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
|  |           | -              |             |                          |           |                 |       |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
|  |           |                |             |                          |           |                 |       |                     |  |
| Total DSEs                                       |           |                | 0.00        | Total DSEs               |           |                 | 0.00  |                     |  |
| Gross Receipts Third (                           | Group     | \$             | 0.00        | Gross Receipts Fourt     | h Group   | \$              | 0.00  |                     |  |
| Base Rate Fee Third (                            | Group     | \$             | 0.00        | Base Rate Fee Fourt      | h Group   | \$              | 0.00  |                     |  |
| Base Rate Fee: Add th<br>Enter here and in block |           |                | riber group | as shown in the boxes a  | above.    | \$              |       |                     |  |

| LEGAL NAME OF OWNEF                               |          |                 | , INC.      |                                       |                   | S                | 62467 SYSTEM | Name                      |  |
|---|----------|-----------------|-------------|---------------------------------------|-------------------|------------------|--------------|---------------------------|--|
| B   | LOCK A:  | COMPUTATION OF  | BASE RA     | TE FEES FOR EAC                       | H SUBSCR          | IBER GROUP       |              |                           |  |
| EIGH  | TY-FIRST | SUBSCRIBER GROU |             | EIGH                                  |                   | 9                |              |                           |  |
| COMMUNITY/ AREA                                   |          |                 | 0           | COMMUNITY/ AREA                       | COMMUNITY/ AREA 0 |                  |              |                           |  |
| CALL SIGN   | DSE      | CALL SIGN       | DSE         | CALL SIGN                             | DSE               | CALL SIGN        | DSE          | Computation<br>of         |  |
|   |          |                 |             |                                       |                   |                  |              | Base Rate Fee             |  |
|   |          |                 |             |                                       |                   |                  |              | and                       |  |
|   |          |                 |             |                                       |                   |                  |              | Syndicated<br>Exclusivity |  |
|   |          |                 |             |                                       |                   |                  |              | Surcharge                 |  |
|   |          |                 |             |                                       |                   |                  |              | for                       |  |
|   |          | -               |             |                                       |                   |                  |              | Partially                 |  |
|   |          |                 |             |                                       |                   |                  |              | Distant                   |  |
|   |          | -               |             |                                       |                   |                  |              | Stations                  |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
| Total DSEs  |          |                 | 0.00        | Total DSEs                            |                   |                  | 0.00         |                           |  |
| Gross Receipts First Gr                           | oup      | \$              | 0.00        | Gross Receipts Seco                   | ond Group         | \$               | 0.00         |                           |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
| Base Rate Fee First Gr                            | -        | \$              | 0.00        | Base Rate Fee Seco                    |                   | \$               | 0.00         |                           |  |
|   | Y-THIRD  | SUBSCRIBER GROU |             | 1                                     |                   | I SUBSCRIBER GRO | UP<br>0      |                           |  |
| COMMUNITY/ AREA                                   |          |                 | 0           | COMMUNITY/ AREA                       |                   |                  |              |                           |  |
| CALL SIGN   | DSE      | CALL SIGN       | DSE         | CALL SIGN                             | DSE               | CALL SIGN        | DSE          |                           |  |
|   |          | -               |             |                                       |                   |                  |              |                           |  |
|   |          | -               |             |                                       |                   |                  |              |                           |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
|   |          | -               |             |                                       |                   |                  |              |                           |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
|   |          | -               |             |                                       |                   |                  |              |                           |  |
|   |          | -               |             |                                       |                   |                  |              |                           |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
|   |          |                 |             | · · · · · · · · · · · · · · · · · · · |                   |                  |              |                           |  |
| Total DSEs  | 1        |                 | 0.00        | Total DSEs                            |                   |                  | 0.00         |                           |  |
| Gross Receipts Third G                            | roup     | \$              | 0.00        | Gross Receipts Four                   | th Group          | \$               | 0.00         |                           |  |
|   |          |                 |             |                                       |                   |                  |              |                           |  |
| Base Rate Fee Third G                             | roup     | \$              | 0.00        | Base Rate Fee Four                    | th Group          | \$               | 0.00         |                           |  |
| Base Rate Fee: Add the<br>Enter here and in block |          |                 | riber group | as shown in the boxes                 | above.            | \$               |              |                           |  |

| LEGAL NAME OF OWNER                               |          |                 | , INC.        |                                       |         | S         | 62467 | Name                     |
|---|----------|-----------------|---------------|---------------------------------------|---------|-----------|-------|--------------------------|
|   |          |                 |               | TE FEES FOR EACH                      |         |           |       |                          |
| EIGH<br>COMMUNITY/ AREA                           | TY-FIFTH | SUBSCRIBER GROU | JP<br>0       | EIG<br>COMMUNITY/ AREA                | JP<br>0 | 9         |       |                          |
|   |          |                 | •             |                                       |         |           | •     | Computation              |
| CALL SIGN   | DSE      | CALL SIGN       | DSE           | CALL SIGN                             | DSE     | CALL SIGN | DSE   | of<br>Base Rate Fee      |
|   |          |                 |               |                                       |         |           |       | and                      |
|   |          |                 |               |                                       |         |           |       | Syndicated               |
|   |          |                 |               |                                       |         |           |       | Exclusivity<br>Surcharge |
|   |          | -               |               |                                       |         |           |       | for                      |
|   |          |                 |               |                                       |         |           |       | Partially<br>Distant     |
|   |          | -               |               |                                       |         |           |       | Stations                 |
|   |          |                 |               |                                       |         |           |       |                          |
|   |          |                 |               |                                       |         |           |       |                          |
|   |          |                 |               |                                       |         |           |       |                          |
|   |          |                 |               |                                       |         |           |       |                          |
| Total DSEs  |          |                 | 0.00          | Total DSEs                            |         |           | 0.00  |                          |
| Gross Receipts First Gr                           | oup      | \$              | 0.00          | Gross Receipts Secon                  | d Group | \$        | 0.00  |                          |
| Base Rate Fee First Gr                            | oup      | \$              | 0.00          | Base Rate Fee Secon                   | d Group | \$        | 0.00  |                          |
|   | SEVENTH  | SUBSCRIBER GROU | JP            | EIGH                                  |         |           |       |                          |
| 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<br>Enter here and in block |          |                 | riber group a | as shown in the boxes a               | oove.   | \$        |       |                          |

| LEGAL NAME OF OWNER                               |              |                 | INC.       |                         |          | S                            | YSTEM ID#<br>62467 | Name                 |
|---|--------------|-----------------|------------|-------------------------|----------|------------------------------|--------------------|----------------------|
|   |              |                 |            | TE FEES FOR EACH        |          | BER GROUP<br>SUBSCRIBER GROL |                    |                      |
| EIGHT<br>COMMUNITY/ AREA                          | Y-NINTH      | SUBSCRIBER GROU | P 0        | COMMUNITY/ AREA         | JP<br>0  | 9                            |                    |                      |
|   |              |                 | v          |                         |          |                              | v                  | Computation          |
| CALL SIGN   | DSE CALL SIG | CALL SIGN       | DSE        | CALL SIGN               | DSE      | CALL SIGN                    | DSE                | of                   |
|   |              |                 |            |                         |          |                              |                    | Base Rate Fee<br>and |
|   |              | -               |            |                         |          |                              |                    | Syndicated           |
|   |              |                 |            |                         |          |                              |                    | Exclusivity          |
|   |              |                 |            |                         |          | -                            |                    | Surcharge<br>for     |
|   |              | -               |            |                         |          | -                            |                    | Partially            |
|   |              |                 |            |                         |          |                              |                    | Distant              |
|   |              | -               |            |                         |          | -                            |                    | Stations             |
|   |              |                 |            |                         |          |                              |                    |                      |
|   |              | -               |            |                         |          |                              |                    |                      |
|   |              |                 |            |                         |          |                              |                    |                      |
|   |              |                 |            |                         |          |                              |                    |                      |
| Total DSEs  |              |                 | 0.00       | Total DSEs              |          |                              | 0.00               |                      |
| Gross Receipts First Gro                          | oup          | \$              | 0.00       | Gross Receipts Secon    | d Group  | \$                           | 0.00               |                      |
| Base Rate Fee First Gro                           | oup          | \$              | 0.00       | Base Rate Fee Secon     | d Group  | \$                           | 0.00               |                      |
| NINE  | TY-FIRST     | SUBSCRIBER GROU | Р          | NINET                   | Y-SECOND | SUBSCRIBER GROU              | JP                 |                      |
| COMMUNITY/ AREA                                   |              |                 | 0          | COMMUNITY/ AREA         |          |                              |                    |                      |
| CALL SIGN   | DSE          | CALL SIGN       | DSE        | CALL SIGN               | DSE      | CALL SIGN                    | DSE                |                      |
|   |              |                 |            |                         |          |                              |                    |                      |
|   |              | -               |            |                         |          | -                            |                    |                      |
|   |              |                 |            |                         |          |                              |                    |                      |
|   |              | -               |            |                         |          | -                            |                    |                      |
|   |              |                 |            |                         |          | -                            |                    |                      |
|   |              |                 |            |                         |          |                              |                    |                      |
|   |              |                 |            |                         |          |                              |                    |                      |
|   |              | <b>_</b>        |            |                         |          | ]                            |                    |                      |
|   |              |                 |            |                         |          |                              |                    |                      |
|   |              |                 |            |                         |          |                              |                    |                      |
|   |              |                 |            |                         |          |                              |                    |                      |
| Total DSEs  |              |                 | 0.00       | Total DSEs              |          |                              | 0.00               |                      |
| Gross Receipts Third Gr                           | 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<br>Enter here and in block |              |                 | iber group | as shown in the boxes a | bove.    | \$                           |                    |                      |

| LEGAL NAME OF OWNEF                                      |          |                 | , INC.      |                       |             | S                | 62467 62467 | Name                      |  |
|--|----------|-----------------|-------------|-----------------------|-------------|------------------|-------------|---------------------------|--|
| BI   | LOCK A:  | COMPUTATION OF  | BASE RA     | ATE FEES FOR EAC      | CH SUBSCR   | IBER GROUP       |             |                           |  |
|  | Y-THIRD  | SUBSCRIBER GROU |             | NINE                  |             | 9                |             |                           |  |
| COMMUNITY/ AREA  |          |                 | 0           | COMMUNITY/ AREA       | 4           |                  | 0           | Computation               |  |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN             | DSE         | CALL SIGN        | DSE         | of                        |  |
|  |          |                 |             |                       |             |                  |             | Base Rate Fee             |  |
|  |          |                 |             |                       |             |                  |             | and                       |  |
|  |          |                 |             |                       |             |                  |             | Syndicated<br>Exclusivity |  |
|  |          |                 |             |                       |             |                  |             | Surcharge                 |  |
|  |          |                 |             |                       |             |                  |             | for                       |  |
|  |          |                 |             |                       |             |                  |             | Partially                 |  |
|  |          |                 |             |                       |             |                  |             | Distant                   |  |
|  |          |                 |             |                       |             |                  |             | Stations                  |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
| T. ( ) DOF   |          |                 | 0.00        | TILDOF                |             |                  | 0.00        |                           |  |
| Total DSEs   |          |                 | 0.00        | Total DSEs            |             |                  |             |                           |  |
| Gross Receipts First Gro                                 | oup      | \$              | 0.00        | Gross Receipts Seco   | ona Group   | \$               | 0.00        |                           |  |
| Base Rate Fee First Gro                                  | oup      | \$              | 0.00        | Base Rate Fee Seco    | ond Group   | \$               | 0.00        |                           |  |
| NINE   | TY-FIFTH | SUBSCRIBER GROU | JP          | N                     | INETY-SIXTH | I SUBSCRIBER GRO | UP          |                           |  |
| COMMUNITY/ AREA  |          |                 | 0           | COMMUNITY/ AREA       |             |                  |             |                           |  |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN             | DSE         | CALL SIGN        | DSE         |                           |  |
|  |          | -               |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          | -               |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
|  |          |                 |             |                       |             |                  |             |                           |  |
| Total DSEs   | 1        |                 | 0.00        | Total DSEs            |             |                  | 0.00        |                           |  |
| Gross Receipts Third G                                   | roup     | \$              | 0.00        | Gross Receipts Four   | th Group    | \$               | 0.00        |                           |  |
|  |          | <u>·</u>        |             |                       |             | ·                |             |                           |  |
| Base Rate Fee Third G                                    | roup     | \$              | 0.00        | Base Rate Fee Four    | rth Group   | \$               | 0.00        |                           |  |
| <b>Base Rate Fee:</b> Add the<br>Enter here and in block |          |                 | riber group | as shown in the boxes | above.      | \$               |             |                           |  |

| LEGAL NAME OF OWN         |             |                       | E, INC.     |  |          | S               | 62467 | Name              |
|---------------------------|-------------|-----------------------|-------------|--|----------|-----------------|-------|-------------------|
|                           |             |                       |             | TE FEES FOR EACH   |          |                 |       |                   |
| NINETY<br>COMMUNITY/ AREA | -SEVENTH    | SUBSCRIBER GRO        | UP<br>0     | NINETY-EIGHTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0 |          |                 |       | 9                 |
| CALL SIGN                 | DSE         | CALL SIGN             | DSE         | CALL SIGN  | DSE      | CALL SIGN       | DSE   | Computation<br>of |
|                           |             | -                     |             |  |          |                 |       | Base Rate Fee     |
|                           |             |                       |             |  |          |                 |       | and<br>Syndicated |
|                           |             |                       |             |  |          |                 |       | Exclusivity       |
|                           |             |                       |             |  |          |                 |       | Surcharge         |
|                           |             |                       |             |  |          |                 |       | for<br>Partially  |
|                           |             | -                     |             |  |          |                 |       | Distant           |
|                           |             | -                     |             |  |          |                 |       | Stations          |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
| Total DSEs                |             |                       | 0.00        | Total DSEs   |          |                 | 0.00  |                   |
| Gross Receipts First 0    | Group       | \$                    | 0.00        | Gross Receipts Seco  | nd Group | \$              | 0.00  |                   |
| Base Rate Fee First C     | Group       | \$                    | 0.00        | Base Rate Fee Second   | nd Group | \$              | 0.00  |                   |
|                           | ETY-NINTH   | SUBSCRIBER GRO        | UP          | ONE H  | UNDREDTH | SUBSCRIBER GROU | JP    |                   |
| COMMUNITY/ AREA           |             |                       | 0           | COMMUNITY/ AREA  |          |                 |       |                   |
| CALL SIGN                 | DSE         | CALL SIGN             | DSE         | CALL SIGN  | DSE      | CALL SIGN       | DSE   |                   |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             | -                     |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
|                           |             |                       |             |  |          |                 |       |                   |
| Total DSEs                |             |                       | 0.00        | Total DSEs   |          |                 | 0.00  |                   |
| Gross Receipts Third      | Group       | \$                    | 0.00        | Gross Receipts Fourt   | h Group  | \$              | 0.00  |                   |
|                           |             |                       | -           |  | ·        |                 |       |                   |
| Base Rate Fee Third       | Group       | \$                    | 0.00        | Base Rate Fee Fourt  | h Group  | \$              | 0.00  |                   |
| Base Rate Fee: Add t      | he base rat | e fees for each subso | riber group | as shown in the boxes a  | above.   |                 |       |                   |
| Enter here and in bloc    |             |                       |             |  |          | \$              |       |                   |

| LEGAL NAME OF OWNE                               |          |                 | , INC.      |                         |          | S               | 62467 | Name                 |
|--|----------|-----------------|-------------|-------------------------|----------|-----------------|-------|----------------------|
|  |          |                 |             | TE FEES FOR EACH        |          |                 |       |                      |
| ONE HUNDR  | ED FIRST | SUBSCRIBER GROU | JP<br>0     | ONE HUNDRE              | JP<br>0  | 9               |       |                      |
| COMMUNITY/ AREA                                  |          |                 | U           | COMMUNITY/ AREA         |          |                 | U     | Computation          |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE   | of                   |
|  |          |                 |             |                         |          |                 |       | Base Rate Fee<br>and |
|  |          | -               |             |                         |          |                 |       | Syndicated           |
|  |          |                 |             |                         |          |                 |       | Exclusivity          |
|  |          |                 |             |                         |          |                 |       | Surcharge<br>for     |
|  |          | -               |             |                         |          |                 |       | Partially            |
|  |          |                 |             |                         |          |                 |       | Distant              |
|  |          |                 |             |                         |          |                 |       | Stations             |
|  |          | -               |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
| Total DSEs                                       |          |                 | 0.00        | Total DSEs              |          |                 | 0.00  |                      |
| Gross Receipts First G                           | roup     | \$              | 0.00        | Gross Receipts Secon    | nd Group | \$              | 0.00  |                      |
| Base Rate Fee First G                            | roup     | \$              | 0.00        | Base Rate Fee Seco      | nd Group | \$              | 0.00  |                      |
|  | ED THIRD | SUBSCRIBER GROU |             | 1                       |          | SUBSCRIBER GROU |       |                      |
| COMMUNITY/ AREA                                  |          |                 | 0           | COMMUNITY/ AREA         |          |                 | 0     |                      |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE   |                      |
|  |          |                 |             |                         |          |                 |       |                      |
|  |          | -               |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
|  |          | -               |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
|  |          |                 |             |                         |          |                 |       |                      |
| Total DSEs                                       |          |                 | 0.00        | Total DSEs              |          |                 | 0.00  |                      |
| Gross Receipts Third G                           | Group    | \$              | 0.00        | Gross Receipts Fourt    | h Group  | \$              | 0.00  |                      |
| Base Rate Fee Third G                            | Group    | \$              | 0.00        | Base Rate Fee Fourt     | h Group  | \$              | 0.00  |                      |
| Base Rate Fee: Add th<br>Enter here and in block |          |                 | riber group | as shown in the boxes a | above.   | \$              |       |                      |

| LEGAL NAME OF OWNE                               |                                   |                 | , INC.            |                                     |          | S               | 62467       | Name                 |
|--|-----------------------------------|-----------------|-------------------|-------------------------------------|----------|-----------------|-------------|----------------------|
|  |                                   |                 |                   | TE FEES FOR EACH                    |          |                 |             |                      |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP               |                                   |                 |                   | 1                                   |          | 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<br>and |
|  |                                   | -               |                   |                                     |          |                 |             | Syndicated           |
|  |                                   |                 |                   |                                     |          |                 |             | Exclusivity          |
|  |                                   |                 |                   |                                     |          |                 |             | Surcharge<br>for     |
|  |                                   | -               |                   |                                     |          |                 |             | Partially            |
|  |                                   |                 |                   |                                     |          |                 |             | Distant              |
|  |                                   |                 |                   |                                     |          |                 |             | Stations             |
|  |                                   | -               |                   |                                     |          |                 |             |                      |
|  |                                   |                 |                   |                                     |          |                 |             |                      |
|  |                                   |                 |                   |                                     |          |                 |             |                      |
|  |                                   |                 |                   |                                     |          |                 |             |                      |
| Total DSEs                                       |                                   |                 | 0.00              | Total DSEs 0.00                     |          |                 |             |                      |
| Gross Receipts First G                           | roup                              | \$              | 0.00              | Gross Receipts Secon                | nd Group | \$              | 0.00        |                      |
| Base Rate Fee First G                            | Base Rate Fee First Group \$ 0.00 |                 |                   | Base Rate Fee Second                | nd Group | \$              | 0.00        |                      |
| ONE HUNDRED                                      | SEVENTH                           | SUBSCRIBER GROU | JP                | ONE HUNDRED EIGHTH SUBSCRIBER GROUP |          |                 |             | }                    |
| COMMUNITY/ AREA 0                                |                                   |                 |                   | COMMUNITY/ AREA                     |          |                 |             |                      |
| CALL SIGN  | DSE                               | CALL SIGN       | DSE               | CALL SIGN                           | DSE      | CALL SIGN       | DSE         | }                    |
|  |                                   |                 |                   |                                     |          |                 |             |                      |
|  |                                   | -               |                   |                                     |          |                 |             |                      |
|  |                                   |                 |                   |                                     |          |                 |             |                      |
|  |                                   |                 |                   |                                     |          |                 |             |                      |
|  |                                   | -               |                   |                                     |          |                 |             |                      |
|  |                                   | -               |                   |                                     |          |                 |             |                      |
|  |                                   |                 |                   |                                     |          |                 |             |                      |
|  |                                   |                 |                   |                                     |          |                 |             |                      |
|  |                                   |                 |                   |                                     |          |                 |             |                      |
|  |                                   |                 |                   |                                     |          |                 |             |                      |
|  |                                   |                 |                   |                                     |          |                 |             | ł                    |
| Total DSEs 0.00                                  |                                   | 0.00            | Total DSEs        |                                     |          | 0.00            |             |                      |
| Gross Receipts Third Group                       |                                   | \$ 0.00         |                   | Gross Receipts Fourth Group         |          | \$              | 0.00        |                      |
| Base Rate Fee Third Group                        |                                   | \$              | 0.00              | Base Rate Fee Fourth Group          |          | \$              | 0.00        |                      |
| Base Rate Fee: Add th<br>Enter here and in block |                                   |                 | riber group       | as shown in the boxes a             | above.   | \$              |             |                      |

| LEGAL NAME OF OWNEF                |                                   |                        | INC.       |                                     |          | S               | YSTEM ID#<br>62467 | Name                |
|------------------------------------|-----------------------------------|------------------------|------------|-------------------------------------|----------|-----------------|--------------------|---------------------|
| BI                                 | LOCK A:                           | COMPUTATION OF         | BASE RA    | TE FEES FOR EACH                    | SUBSCRI  | BER GROUP       |                    |                     |
| ONE HUNDRED NINTH SUBSCRIBER GROUP |                                   |                        |            |                                     | ED TENTH | SUBSCRIBER GROU |                    | 9                   |
| COMMUNITY/ AREA 0                  |                                   |                        |            | COMMUNITY/ AREA 0                   |          |                 |                    | Computation         |
| CALL SIGN                          | DSE                               | CALL SIGN              | DSE        | CALL SIGN                           | DSE      | CALL SIGN       | DSE                | of                  |
|                                    |                                   | -                      |            |                                     |          |                 |                    | Base Rate Fee       |
|                                    |                                   |                        |            |                                     |          |                 |                    | and<br>Syndicated   |
|                                    |                                   |                        |            |                                     |          |                 |                    | Exclusivity         |
|                                    |                                   | -                      |            |                                     |          |                 |                    | Surcharge           |
|                                    |                                   |                        |            |                                     |          |                 |                    | for                 |
|                                    |                                   |                        |            |                                     |          |                 |                    | Partially           |
|                                    |                                   |                        |            |                                     |          |                 |                    | Distant<br>Stations |
|                                    |                                   | -                      |            |                                     |          |                 |                    | Stations            |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
|                                    |                                   | -                      |            |                                     |          |                 |                    |                     |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
| Total DSEs                         |                                   |                        | 0.00       | Total DSEs                          |          |                 | 0.00               |                     |
| Gross Receipts First Gro           | oup                               | \$                     | 0.00       | Gross Receipts Second Group \$ 0.00 |          |                 | 0.00               |                     |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
| Base Rate Fee First Gro            | Base Rate Fee First Group \$ 0.00 |                        |            | Base Rate Fee Secon                 | d Group  | \$              | 0.00               |                     |
| ONE HUNDRED EL                     | EVENTH                            | SUBSCRIBER GROU        | Р          | ONE HUNDRED                         | TWELVTH  | SUBSCRIBER GROU | P                  |                     |
| COMMUNITY/ AREA                    |                                   |                        | 0          | COMMUNITY/ AREA 0                   |          |                 |                    |                     |
| CALL SIGN                          | DSE                               | CALL SIGN              | DSE        | CALL SIGN                           | DSE      | CALL SIGN       | DSE                |                     |
|                                    |                                   | -                      |            |                                     |          |                 |                    |                     |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
|                                    |                                   | -                      |            |                                     |          |                 |                    |                     |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
|                                    |                                   | -                      |            |                                     |          |                 |                    |                     |
|                                    |                                   | -                      |            |                                     |          |                 |                    |                     |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
|                                    |                                   | -                      |            |                                     |          |                 |                    |                     |
|                                    |                                   | -                      |            |                                     |          |                 |                    |                     |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
| Total DSEs                         |                                   |                        | 0.00       | Total DSEs                          |          |                 | 0.00               |                     |
| Gross Receipts Third Group         |                                   | <u>\$ 0.00</u>         |            | Gross Receipts Fourth Group         |          | \$ 0.00         |                    |                     |
| Base Rate Fee Third Group          |                                   | \$ 0.00                |            | Base Rate Fee Fourth Group \$       |          | \$              | 0.00               |                     |
|                                    |                                   |                        |            |                                     |          |                 |                    |                     |
| Base Rate Fee: Add the             | e hase rate                       | e fees for each subscr | iber aroup | as shown in the hoves al            | ove      |                 |                    |                     |
| Enter here and in block            |                                   |                        | iser group |                                     |          | \$              |                    |                     |

| LEGAL NAME OF OWNER                            |        |                 | , INC.     |   |             | S               | YSTEM ID#<br>62467 | Name              |
|--|--------|-----------------|------------|---|-------------|-----------------|--------------------|-------------------|
|  |        |                 |            | TE FEES FOR EACH                          |             |                 |                    |                   |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP        |        |                 |            | 1   | JRTEENTH    | SUBSCRIBER GROU | JP<br>0            | 9                 |
| COMMUNITY/ AREA 0                              |        |                 |            | COMMUNITY/ AREA                           | Computation |                 |                    |                   |
| CALL SIGN                                      | DSE    | CALL SIGN       | DSE        | CALL SIGN                                 | DSE         | CALL SIGN       | DSE                | of                |
|  |        |                 |            |   |             |                 |                    | Base Rate Fee     |
|  |        |                 |            |   |             |                 |                    | and<br>Syndicated |
|  |        | -               |            |   |             |                 |                    | Exclusivity       |
|  |        |                 |            |   |             |                 |                    | Surcharge         |
|  |        |                 |            |   |             |                 |                    | for<br>Partially  |
|  |        |                 |            |   |             |                 |                    | Distant           |
|  |        |                 |            |   |             |                 |                    | Stations          |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
| Total DSEs 0.00                                |        |                 |            | Total DSEs 0.00                           |             |                 |                    |                   |
| Gross Receipts First Group \$ 0.00             |        |                 | 0.00       | Gross Receipts Secon                      | ld Group    | \$              | 0.00               |                   |
| Base Rate Fee First Group \$ 0.00              |        |                 | 0.00       | Base Rate Fee Secon                       | nd Group    | \$              | 0.00               |                   |
|  | TEENTH | SUBSCRIBER GROU |            | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP    |             |                 |                    |                   |
| COMMUNITY/ AREA                                |        |                 | 0          | COMMUNITY/ AREA                           |             |                 |                    |                   |
| CALL SIGN                                      | DSE    | CALL SIGN       | DSE        | CALL SIGN                                 | DSE         | CALL SIGN       | DSE                |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        | -               |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             | Ш               |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
| Total DSEs                                     |        |                 | 0.00       | Total DSEs                                | •           |                 | 0.00               |                   |
| Gross Receipts Third Group                     |        | <u>\$ 0.00</u>  |            | Gross Receipts Fourth Group <u>\$ 0</u> . |             |                 | 0.00               |                   |
|  |        |                 |            |   |             |                 |                    |                   |
| Base Rate Fee Third Group                      |        | \$              | 0.00       | Base Rate Fee Fourth Group                |             | \$ 0.00         |                    |                   |
|  |        |                 |            |   |             |                 |                    |                   |
| Base Rate Fee: Add the Enter here and in block |        |                 | iber group | as shown in the boxes a                   | bove.       | \$              |                    |                   |

| LEGAL NAME OF OWNER                               |         |                 | INC.                  |                          |          | SY               | STEM ID#<br>62467 | Name                      |
|---|---------|-----------------|-----------------------|--------------------------|----------|------------------|-------------------|---------------------------|
| BI  | OCK A:  | COMPUTATION OF  | BASE RA               | TE FEES FOR EACH         | SUBSCRI  | BER GROUP        |                   |                           |
| ONE HUNDRED SEVEN                                 | ITEENTH | SUBSCRIBER GROU |                       | 11                       | HTEENTH  | SUBSCRIBER GROUP |                   | 9                         |
| COMMUNITY/ AREA 0                                 |         |                 |                       | COMMUNITY/ AREA          |          |                  | 0                 | Computation               |
| CALL SIGN   | DSE     | CALL SIGN       | DSE                   | CALL SIGN                | DSE      | CALL SIGN        | DSE               | of                        |
|   |         |                 |                       |                          |          |                  |                   | Base Rate Fee             |
|   |         | -               |                       |                          |          |                  |                   | and                       |
|   |         |                 |                       |                          |          |                  |                   | Syndicated<br>Exclusivity |
|   |         |                 |                       |                          |          |                  |                   | Surcharge                 |
|   |         |                 |                       |                          |          | _                |                   | for                       |
|   |         |                 |                       |                          |          |                  |                   | Partially                 |
|   |         |                 |                       |                          |          |                  |                   | Distant                   |
|   |         |                 |                       |                          |          |                  |                   | Stations                  |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
| Total DSEs  |         |                 | 0.00                  | Total DSEs               |          |                  | 0.00              |                           |
| Gross Receipts First Gro                          | oup     | \$              | 0.00                  | Gross Receipts Second    | d Group  | \$               | 0.00              |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
| Base Rate Fee First Gro                           |         | \$              | 0.00                  | Base Rate Fee Second     |          | \$               | 0.00              |                           |
|   | ITEENTH | SUBSCRIBER GROU |                       |                          | VENTIETH | SUBSCRIBER GROUP | ,<br>0            |                           |
| COMMUNITY/ AREA                                   |         |                 | 0                     | COMMUNITY/ AREA          |          |                  |                   |                           |
| CALL SIGN   | DSE     | CALL SIGN       | DSE                   | CALL SIGN                | DSE      | CALL SIGN        | DSE               |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         | -               |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
|   |         |                 |                       |                          |          |                  |                   |                           |
| Total DSEs  |         |                 | 0.00                  | Total DSEs               |          |                  | 0.00              |                           |
| Gross Receipts Third Group \$ 0.00                |         | 0.00            | Gross Receipts Fourth | Group                    | \$       | 0.00             |                   |                           |
| Base Rate Fee Third Group \$ 0.00                 |         | 0.00            | Base Rate Fee Fourth  | Group                    | \$       | 0.00             |                   |                           |
| Base Rate Fee: Add the<br>Enter here and in block |         |                 | iber group :          | as shown in the boxes at | oove.    | \$               |                   |                           |

| LEGAL NAME OF OWNEF                            |           |                  | INC.                  |                          |           | SY               | STEM ID#<br>62467 | Name                |
|--|-----------|------------------|-----------------------|--------------------------|-----------|------------------|-------------------|---------------------|
| BI   | OCK A:    | COMPUTATION OF   | BASE RA               | TE FEES FOR EACH         | SUBSCRI   | BER GROUP        |                   |                     |
| ONE HUNDRED TWEN                               | ITY-FIRST | SUBSCRIBER GROU  |                       | ONE HUNDRED TWENT        | Y-SECOND  | SUBSCRIBER GROUP |                   | 9                   |
| COMMUNITY/ AREA 0                              |           |                  | COMMUNITY/ AREA       |                          |           |                  |                   |                     |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE                   | CALL SIGN                | DSE       | CALL SIGN        | DSE               | of                  |
|  |           |                  |                       |                          |           |                  |                   | Base Rate Fee       |
|  |           |                  |                       |                          |           |                  |                   | and<br>Syndicated   |
|  |           |                  |                       |                          |           |                  |                   | Exclusivity         |
|  |           |                  |                       |                          |           |                  |                   | Surcharge           |
|  |           |                  |                       |                          |           |                  |                   | for                 |
|  |           |                  |                       |                          |           |                  |                   | Partially           |
|  |           |                  |                       |                          |           |                  |                   | Distant<br>Stations |
|  |           |                  |                       |                          |           |                  |                   | Stations            |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
| Total DSEs                                     |           |                  | 0.00                  | Total DSEs               |           |                  | 0.00              |                     |
| Gross Receipts First Gro                       | oup       | \$               | 0.00                  | Gross Receipts Second    |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
| Base Rate Fee First Gro                        | oup       | \$               | 0.00                  | Base Rate Fee Second     | d Group   | \$               | 0.00              |                     |
| ONE HUNDRED TWEN                               | TY-THIRD  | SUBSCRIBER GROUP |                       | ONE HUNDRED TWEN         | TY-FOURTH | SUBSCRIBER GROUP |                   |                     |
| COMMUNITY/ AREA                                |           |                  | 0                     | COMMUNITY/ AREA          |           |                  |                   |                     |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE                   | CALL SIGN                | DSE       | CALL SIGN        | DSE               |                     |
|  |           | -                |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
| Total DSEs                                     |           |                  | 0.00                  | Total DSEs               |           |                  | 0.00              |                     |
| Gross Receipts Third Group \$ 0.00             |           | 0.00             | Gross Receipts Fourth | Group                    | \$        | 0.00             |                   |                     |
|  |           |                  |                       |                          |           |                  |                   |                     |
| Base Rate Fee Third Gr                         | oup       | \$               | 0.00                  | Base Rate Fee Fourth     | Group     | \$               | 0.00              |                     |
| Base Rate Fee: Add the Enter here and in block |           |                  | iber group a          | as shown in the boxes at | oove.     | \$               |                   |                     |

| LEGAL NAME OF OWNEF                                      |           |                  | INC.                 |                         |                                     | S                | YSTEM ID#<br>62467 | Name                    |
|--|-----------|------------------|----------------------|-------------------------|-------------------------------------|------------------|--------------------|-------------------------|
| B  | LOCK A:   | COMPUTATION OF   | BASE RA              | TE FEES FOR EACH        | SUBSCRI                             | BER GROUP        |                    |                         |
| ONE HUNDRED TWEN   | NTY-FIFTH | SUBSCRIBER GROUP |                      | ONE HUNDRED TWI         | ENTY-SIXTH                          | SUBSCRIBER GROUP |                    | 9                       |
| COMMUNITY/ AREA 0  |           |                  |                      | COMMUNITY/ AREA         |                                     |                  | 0                  | <b>J</b><br>Computation |
| CALL SIGN  | DSE       | CALL SIGN        | DSE                  | CALL SIGN               | DSE                                 | CALL SIGN        | DSE                | of                      |
|  |           | -                |                      |                         |                                     |                  |                    | Base Rate Fee           |
|  |           |                  |                      |                         |                                     |                  |                    | and<br>Syndicated       |
|  |           | -                |                      |                         |                                     |                  |                    | Exclusivity             |
|  |           |                  |                      |                         |                                     |                  |                    | Surcharge               |
|  |           |                  |                      |                         |                                     |                  |                    | for                     |
|  |           | -                |                      |                         |                                     |                  |                    | Partially               |
|  |           | -                |                      |                         |                                     |                  |                    | Distant<br>Stations     |
|  |           | -                |                      |                         |                                     |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
| Total DSEs   |           |                  | 0.00                 | Total DSEs              |                                     |                  | 0.00               |                         |
| Gross Receipts First Gro                                 | oup       | \$               | 0.00                 | Gross Receipts Secon    | Gross Receipts Second Group \$ 0.00 |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
| Base Rate Fee First Gr                                   | oup       | \$               | 0.00                 | Base Rate Fee Secon     | d Group                             | \$               | 0.00               |                         |
| ONE HUNDRED TWENTY                                       | SEVENTH   | SUBSCRIBER GROUP |                      | 1                       | NTY-EIGHTH                          | SUBSCRIBER GROUP |                    |                         |
| COMMUNITY/ AREA  |           |                  | 0                    | COMMUNITY/ AREA         |                                     |                  | 0                  |                         |
| CALL SIGN  | DSE       | CALL SIGN        | DSE                  | CALL SIGN               | DSE                                 | CALL SIGN        | DSE                |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
|  |           | -                |                      |                         |                                     | _                |                    |                         |
|  |           | -                |                      |                         |                                     |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
|  |           | -                |                      |                         |                                     |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
|  |           | -                |                      |                         |                                     |                  |                    |                         |
|  |           | -                |                      |                         |                                     |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
|  |           |                  |                      |                         |                                     |                  |                    |                         |
| Total DSEs   |           |                  | 0.00                 | Total DSEs              |                                     |                  | 0.00               |                         |
| Gross Receipts Third G                                   | roup      | \$               | 0.00                 | Gross Receipts Fourth   | Group                               | \$               | 0.00               |                         |
| Base Rate Fee Third Group \$ 0.00                        |           | 0.00             | Base Rate Fee Fourth | Group                   | \$                                  | 0.00             |                    |                         |
| <b>Base Rate Fee:</b> Add the<br>Enter here and in block |           |                  | iber group           | as shown in the boxes a | bove.                               | \$               |                    |                         |

| LEGAL NAME OF OWN<br>SANTA ROSA TE |   |                 | E, INC. |                    |           | •                 | 62467 | Name                 |  |
|------------------------------------|---|-----------------|---------|--------------------|-----------|-------------------|-------|----------------------|--|
|                                    |   | COMPUTATION C   |         | Π                  |           |                   |       |                      |  |
|                                    | ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP     ONE HUNDRED THIRTIETH SUBSCRIBER GROUP       OMMUNITY/ AREA     0 |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    | ~         |                   | •     | 9<br>Computation     |  |
| CALL SIGN                          | DSE   | CALL SIGN       | DSE     | CALL SIGN          | DSE       | CALL SIGN         | DSE   | of                   |  |
|                                    |   |                 |         |                    |           | n <mark>-</mark>  |       | Base Rate Fee<br>and |  |
|                                    |   |                 |         |                    |           |                   |       | Syndicated           |  |
|                                    |   |                 |         |                    |           |                   |       | Exclusivity          |  |
|                                    |   | -               |         |                    |           |                   |       | Surcharge<br>for     |  |
|                                    |   |                 |         |                    |           |                   |       | Partially            |  |
|                                    |   |                 |         |                    |           |                   |       | Distant              |  |
|                                    |   |                 |         |                    |           |                   |       | Stations             |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
| Total DSEs                         |   |                 | 0.00    | Total DSEs         |           |                   | 0.00  |                      |  |
| Gross Receipts First (             | Group   | \$              | 0.00    | Gross Receipts Sec | 0.00      |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
| Base Rate Fee First (              | -   | \$              | 0.00    | Base Rate Fee Sec  |           | \$                | 0.00  |                      |  |
|                                    | IRTY-FIRST  | SUBSCRIBER GROU | P       |                    |           |                   |       |                      |  |
| COMMUNITY/ AREA                    |   |                 | U       | COMMUNITY/ ARE     |           |                   |       |                      |  |
| CALL SIGN                          | DSE   | CALL SIGN       | DSE     | CALL SIGN          | DSE       | CALL SIGN         | DSE   |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           | n <mark>- </mark> |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |
| 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  |                      |  |
|                                    |   |                 |         | Ш                  |           |                   |       |                      |  |
|                                    |   |                 |         |                    |           |                   |       |                      |  |

| LEGAL NAME OF OWNE   |                  |   | E, INC.      |                       |           | 5          | 62467 | Name                     |
|--|------------------|---|--------------|-----------------------|-----------|------------|-------|--------------------------|
| В  | LOCK A:          | COMPUTATION O                           | F BASE RA    | TE FEES FOR EAC       | H SUBSCR  | IBER GROUP |       | - <u></u>                |
| ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP |                  |   |              |                       |           |            |       | 9                        |
| COMMUNITY/ AREA  | OMMUNITY/ AREA 0 |   |              | COMMUNITY/ AREA       | A         |            | 0     | Computation              |
| CALL SIGN  | DSE              | CALL SIGN                               | DSE          | CALL SIGN             | DSE       | CALL SIGN  | DSE   | of                       |
|  |                  |   |              |                       |           |            |       | Base Rate Fe             |
|  |                  | -                                       |              |                       |           |            |       | and                      |
|  |                  |   |              |                       |           |            |       | Syndicated               |
|  |                  |   |              |                       |           |            |       | Exclusivity<br>Surcharge |
|  |                  |   |              |                       |           |            |       | for                      |
|  |                  |   |              |                       |           |            |       | Partially                |
|  |                  |   |              |                       |           |            |       | Distant                  |
|  |                  | -                                       |              |                       |           |            |       | Stations                 |
|  |                  |   |              |                       |           |            |       |                          |
|  |                  |   |              |                       |           |            |       |                          |
|  |                  |   |              |                       |           |            |       |                          |
|  |                  |   |              |                       |           |            |       |                          |
| otal DSEs  |                  |   | 0.00         |                       |           |            | 0.00  | l                        |
|  |                  |   |              | Total DSEs            |           |            |       |                          |
| iross Receipts First Gr  | roup             | \$                                      | 0.00         | Gross Receipts Seco   | ond Group | \$         | 0.00  |                          |
| Base Rate Fee First Group \$ 0.00  |                  |   | 0.00         | Base Rate Fee Seco    | ond Group | \$         | 0.00  | ł                        |
| ONE HUNDRED THI  | RTY-FIFTH        | SUBSCRIBER GROUP                        | 0            | ONE HUNDRED           | i         |            |       |                          |
| OMMUNITY/ AREA   |                  |   | 0            | COMMUNITY/ AREA       |           |            |       |                          |
| CALL SIGN  | DSE              | CALL SIGN                               | DSE          | CALL SIGN             | DSE       | CALL SIGN  | DSE   | ſ                        |
|  |                  | -                                       |              |                       |           |            |       |                          |
|  |                  |   |              |                       |           |            |       |                          |
|  |                  |   |              |                       |           |            |       |                          |
|  |                  | -                                       |              |                       |           |            |       |                          |
|  |                  |   |              |                       |           |            |       |                          |
|  |                  |   |              |                       |           |            |       |                          |
|  |                  |   |              |                       |           |            |       |                          |
|  |                  |   |              |                       |           |            |       |                          |
|  |                  | -                                       |              |                       |           | . –        |       |                          |
|  |                  |   |              |                       |           |            |       |                          |
|  |                  | ••••••••••••••••••••••••••••••••••••••• |              |                       |           |            |       |                          |
| otal DSEs  |                  |   | 0.00         | Total DSEs            |           |            | 0.00  | 1                        |
| Fross Receipts Third G   | iroup            | \$                                      | 0.00         | Gross Receipts Four   | th Group  | \$         | 0.00  |                          |
|  |                  |   |              | Base Bata E           | th O.     |            |       |                          |
| Base Rate Fee Third G  | noup             | \$                                      | 0.00         | Base Rate Fee Four    | ui Group  | \$         | 0.00  |                          |
| Base Rate Fee: Add th<br>Enter here and in block                                     |                  |   | criber group | as shown in the boxes | above.    | \$         |       |                          |

| LEGAL NAME OF OWNER               |            |                        | INC.                  |                         |          | S               | YSTEM ID#<br>62467 | Name                 |
|-----------------------------------|------------|------------------------|-----------------------|-------------------------|----------|-----------------|--------------------|----------------------|
| В                                 | LOCK A:    | COMPUTATION OF         | BASE RA               | TE FEES FOR EACH        | SUBSCRI  | BER GROUP       |                    |                      |
| ONE HUNDRED THIRTY                | SEVENTH    | SUBSCRIBER GROUP       |                       | ONE HUNDRED THIF        |          | 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<br>Syndicated    |
|                                   |            |                        |                       |                         |          |                 |                    | Exclusivity          |
|                                   |            |                        |                       |                         |          |                 |                    | Surcharge            |
|                                   |            |                        |                       |                         |          |                 |                    | for                  |
|                                   |            |                        |                       |                         |          |                 |                    | Partially<br>Distant |
|                                   |            |                        |                       |                         |          |                 |                    | Stations             |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
|                                   |            | -                      |                       |                         |          | -               |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
| Total DSEs                        |            |                        | 0.00                  | Total DSEs              |          |                 | 0.00               |                      |
| Gross Receipts First Gro          | oup        | \$                     | 0.00                  | Gross Receipts Secon    | d Group  | \$              | 0.00               |                      |
| Base Rate Fee First Gr            | oup        | \$                     | 0.00                  | Base Rate Fee Secon     | d Group  | \$              | 0.00               |                      |
| ONE HUNDRED THIR                  | RTY-NINTH  | SUBSCRIBER GROUP       |                       | ONE HUNDRED             | FORTIETH | SUBSCRIBER GROU | IP                 |                      |
| COMMUNITY/ AREA                   |            |                        | 0                     | COMMUNITY/ AREA         |          |                 |                    |                      |
| CALL SIGN                         | DSE        | CALL SIGN              | DSE                   | CALL SIGN               | DSE      | CALL SIGN       | DSE                |                      |
|                                   |            | -                      |                       |                         |          |                 |                    |                      |
|                                   |            | -                      |                       |                         |          | -               |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
|                                   |            |                        |                       |                         |          | -               |                    |                      |
|                                   |            |                        |                       |                         |          | -               |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
| Total DSEs                        |            |                        | 0.00                  | Total DSEs              |          |                 | 0.00               |                      |
|                                   |            | 0.00                   | Gross Receipts Fourth | Group                   | \$       | 0.00            |                    |                      |
|                                   |            |                        |                       |                         |          |                 |                    |                      |
| Base Rate Fee Third Group \$ 0.00 |            | 0.00                   | Base Rate Fee Fourth  | Group                   | \$       | 0.00            |                    |                      |
| Base Rate Fee: Add the            | e base rat | e fees for each subscr | iber aroun            | as shown in the boxes a | bove.    |                 |                    |                      |
| Enter here and in block           |            |                        | 9. 24                 |                         |          | \$              |                    |                      |

| LEGAL NAME OF OWNER OF CA  |                         | E, INC.    |                    |             |                    | 62467 | Name                     |
|----------------------------|-------------------------|------------|--------------------|-------------|--------------------|-------|--------------------------|
| BLOCK                      | A: COMPUTATION (        | OF BASE RA | TE FEES FOR EAG    | CH SUBSCR   | IBER GROUP         |       |                          |
| ONE HUNDRED FORTY-FIR      | ST SUBSCRIBER GROU      |            | 11                 |             | SUBSCRIBER GROUP   |       | 9                        |
| DMMUNITY/ AREA             |                         | 0          |                    | A           |                    | 0     | Computatio               |
| CALL SIGN DSE              | CALL SIGN               | DSE        | CALL SIGN          | DSE         | CALL SIGN          | DSE   | of                       |
|                            |                         |            |                    |             |                    |       | Base Rate Fo             |
|                            |                         |            |                    |             |                    |       | and                      |
|                            |                         |            |                    |             |                    |       | Syndicated               |
|                            |                         |            |                    |             |                    |       | Exclusivity<br>Surcharge |
|                            |                         |            |                    |             |                    |       | for                      |
|                            |                         |            |                    |             |                    |       | Partially                |
|                            |                         |            |                    |             |                    |       | Distant                  |
|                            |                         |            |                    |             |                    |       | Stations                 |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | 1                        |
| otal DSEs                  |                         | 0.00       |                    |             |                    | 0.00  |                          |
|                            | \$ 0.00                 |            |                    |             |                    |       | 0.00                     |
| Bross Receipts First Group | \$                      | 0.00       | Gross Receipts Sec | ond Group   | \$                 | 0.00  | l                        |
| Base Rate Fee First Group  | \$                      | 0.00       | Base Rate Fee Sec  | ond Group   | \$                 | 0.00  | ļ                        |
| ONE HUNDRED FORTY-THI      | RD SUBSCRIBER GROU      | IP         | ONE HUNDRED F      | ORTY-FOURTH | I SUBSCRIBER GROUF | )     | r                        |
| OMMUNITY/ AREA             |                         | 0          | COMMUNITY/ ARE     | A           |                    | 0     | l                        |
| CALL SIGN DSE              | CALL SIGN               | DSE        | CALL SIGN          | DSE         | CALL SIGN          | DSE   | r                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | l                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | 1                        |
|                            |                         |            |                    |             |                    |       | l                        |
| otal DSEs                  |                         | 0.00       | Total DSEs         |             |                    | 0.00  |                          |
| Gross Receipts Third Group | \$                      | 0.00       | Gross Receipts Fou | rth Group   | \$                 | 0.00  | l                        |
|                            |                         |            |                    |             |                    |       | 1                        |
| Base Rate Fee Third Group  | \$                      | 0.00       | Base Rate Fee Fou  | rth Group   | \$                 | 0.00  | 1                        |
|                            | rate fees for each subs |            |                    |             |                    |       | l                        |

| LEGAL NAME OF OWNE<br>SANTA ROSA TEL             |           |                  | , INC.      |                       |             | S                | 62467  | Name                 |
|--|-----------|------------------|-------------|-----------------------|-------------|------------------|--------|----------------------|
|  |           |                  |             | TE FEES FOR EAC       | H SUBSCR    | IBER GROUP       |        |                      |
| ONE HUNDRED FO                                   | RTY-FIFTH | SUBSCRIBER GROUP | 0           | ONE HUNDRED F         |             | SUBSCRIBER GROUP | ,<br>0 | 9                    |
|  |           |                  | U           | COMMUNITY/ AREA       |             |                  | U      | Computation          |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE         | CALL SIGN        | DSE    | of                   |
|  |           |                  |             |                       |             |                  |        | Base Rate Fee<br>and |
|  |           |                  |             |                       |             |                  |        | Syndicated           |
|  |           | -                |             |                       |             |                  |        | Exclusivity          |
|  |           | -                |             |                       |             |                  |        | Surcharge<br>for     |
|  |           |                  |             |                       |             |                  |        | Partially            |
|  |           | -                |             |                       |             |                  |        | Distant              |
|  |           |                  |             |                       |             | -                |        | Stations             |
|  |           |                  |             |                       |             |                  |        |                      |
|  |           | -                |             |                       |             |                  |        |                      |
|  |           |                  |             |                       |             |                  |        |                      |
|  |           |                  |             |                       |             |                  |        |                      |
| Total DSEs                                       |           |                  | 0.00        | Total DSEs            |             |                  | 0.00   |                      |
| Gross Receipts First Gr                          | roup      | \$               | 0.00        | Gross Receipts Seco   | nd Group    | \$               | 0.00   |                      |
| Base Rate Fee First Gr                           | roup      | \$               | 0.00        | Base Rate Fee Seco    | nd Group    | \$               | 0.00   |                      |
| ONE HUNDRED FORTY                                | -SEVENTH  | SUBSCRIBER GROUP |             | ONE HUNDRED FO        | DRTY-EIGHTH | SUBSCRIBER GROUP |        |                      |
| COMMUNITY/ AREA                                  |           |                  | 0           | COMMUNITY/ AREA       |             |                  | 0      |                      |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE         | CALL SIGN        | DSE    |                      |
|  |           |                  |             |                       |             |                  |        |                      |
|  |           | -                |             |                       |             |                  |        |                      |
|  |           |                  |             |                       |             |                  |        |                      |
|  |           |                  |             |                       |             |                  |        |                      |
|  |           | -                |             |                       |             |                  |        |                      |
|  |           |                  |             |                       |             |                  |        |                      |
|  |           |                  |             |                       |             |                  |        |                      |
|  |           |                  |             |                       |             |                  |        |                      |
|  |           | -                |             |                       |             |                  |        |                      |
|  |           |                  |             |                       |             |                  |        |                      |
|  |           |                  |             |                       |             |                  |        |                      |
| Total DSEs                                       |           |                  | 0.00        | Total DSEs            |             |                  | 0.00   |                      |
| Gross Receipts Third G                           | Group     | \$               | 0.00        | Gross Receipts Fourt  | th Group    | \$               | 0.00   |                      |
| Base Rate Fee Third G                            | Group     | \$               | 0.00        | Base Rate Fee Four    | th Group    | \$               | 0.00   |                      |
| Base Rate Fee: Add th<br>Enter here and in block |           |                  | riber group | as shown in the boxes | above.      | \$               |        |                      |

| LEGAL NAME OF OWNE                               |          |                 | , INC.      |                         |            | S               | 62467   | Name                 |
|--|----------|-----------------|-------------|-------------------------|------------|-----------------|---------|----------------------|
|  |          |                 |             | TE FEES FOR EACH        |            |                 |         |                      |
| ONE HUNDRED FOR                                  | TY-NINTH | SUBSCRIBER GROU | JP<br>0     | 11                      | D FIFTIETH | SUBSCRIBER GROU | JP<br>0 | 9                    |
|  |          |                 | U           | COMMUNITY/ AREA         |            |                 | U       | Computation          |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE        | CALL SIGN       | DSE     | of                   |
|  |          |                 |             |                         |            |                 |         | Base Rate Fee<br>and |
|  |          |                 |             |                         |            |                 |         | Syndicated           |
|  |          | -               |             |                         |            |                 |         | Exclusivity          |
|  |          | -               |             |                         |            |                 |         | Surcharge<br>for     |
|  |          |                 |             |                         |            |                 |         | Partially            |
|  |          |                 |             |                         |            |                 |         | Distant              |
|  |          |                 |             |                         |            |                 |         | Stations             |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
| Total DSEs                                       | 1        |                 | 0.00        | Total DSEs              | 1          |                 | 0.00    |                      |
| Gross Receipts First G                           | roup     | \$              | 0.00        | Gross Receipts Secor    | nd Group   | \$              | 0.00    |                      |
| Base Rate Fee First G                            | roup     | \$              | 0.00        | Base Rate Fee Secor     | nd Group   | \$              | 0.00    |                      |
| ONE HUNDRED FIF                                  | TY-FIRST | SUBSCRIBER GROU | JP          | ONE HUNDRED FIFT        | Y-SECOND   | SUBSCRIBER GROU | JP      |                      |
| COMMUNITY/ AREA                                  |          |                 | 0           | COMMUNITY/ AREA         |            |                 | 0       |                      |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE        | CALL SIGN       | DSE     |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          | -               |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
|  |          |                 |             |                         |            |                 |         |                      |
| Total DSEs                                       |          |                 | 0.00        | Total DSEs              |            |                 | 0.00    |                      |
| Gross Receipts Third G                           | Group    | \$              | 0.00        | Gross Receipts Fourth   | n Group    | \$              | 0.00    |                      |
| Base Rate Fee Third G                            | Group    | \$              | 0.00        | Base Rate Fee Fourth    | n Group    | \$              | 0.00    |                      |
| Base Rate Fee: Add th<br>Enter here and in block |          |                 | riber group | as shown in the boxes a | above.     | \$              |         |                      |

| LEGAL NAME OF OWNER                              |          |                 | , INC.     |                         |            | S                 | 62467 | Name                 |
|--|----------|-----------------|------------|-------------------------|------------|-------------------|-------|----------------------|
|  |          |                 |            | TE FEES FOR EACH        |            |                   |       |                      |
|  | TY-THIRD | SUBSCRIBER GROU |            | ONE HUNDRED FIFT        | Y-FOURTH   | SUBSCRIBER GROU   |       | 9                    |
| COMMUNITY/ AREA                                  |          |                 | 0          | COMMUNITY/ AREA         |            |                   | 0     | Computation          |
| CALL SIGN  | DSE      | CALL SIGN       | DSE        | CALL SIGN               | DSE        | CALL SIGN         | DSE   | of                   |
|  |          |                 |            |                         |            |                   |       | Base Rate Fee        |
|  |          |                 |            |                         |            |                   |       | and<br>Syndicated    |
|  |          | -               |            |                         |            |                   |       | Exclusivity          |
|  |          | -               |            |                         |            |                   |       | Surcharge            |
|  |          |                 |            |                         |            |                   |       | for                  |
|  |          | -               |            |                         |            |                   |       | Partially<br>Distant |
|  |          | -               |            |                         |            |                   |       | Stations             |
|  |          | -               |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
| Total DSEs                                       |          |                 | 0.00       | Total DSEs              |            |                   | 0.00  |                      |
| Gross Receipts First Gr                          | oup      | \$              | 0.00       | Gross Receipts Secor    | nd Group   | \$                | 0.00  |                      |
| Base Rate Fee First Gr                           | oup      | \$              | 0.00       | Base Rate Fee Secor     | nd Group   | \$                | 0.00  |                      |
| ONE HUNDRED FIF                                  | TY-FIFTH | SUBSCRIBER GROU | JP         | ONE HUNDRED F           | IFTY-SIXTH | I SUBSCRIBER GROU | JP    |                      |
| COMMUNITY/ AREA                                  |          |                 | 0          | COMMUNITY/ AREA         |            |                   | 0     |                      |
| CALL SIGN  | DSE      | CALL SIGN       | DSE        | CALL SIGN               | DSE        | CALL SIGN         | DSE   |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          | -               |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          | <b>[</b>        |            |                         |            | <b>_</b>          |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
|  |          |                 |            |                         |            |                   |       |                      |
| Total DSEs                                       |          |                 | 0.00       | Total DSEs              |            |                   | 0.00  |                      |
| Gross Receipts Third G                           | roup     | \$              | 0.00       | Gross Receipts Fourth   | n Group    | \$                | 0.00  |                      |
|  |          |                 |            |                         |            |                   |       |                      |
| Base Rate Fee Third G                            | roup     | \$              | 0.00       | Base Rate Fee Fourth    | n Group    | \$                | 0.00  |                      |
|  |          |                 |            |                         |            |                   |       |                      |
| Base Rate Fee: Add th<br>Enter here and in block |          |                 | nber group | as shown in the boxes a | above.     | \$                |       |                      |

| LEGAL NAME OF OWNE<br>SANTA ROSA TEL             |           |                  | , INC.      |                       |           | ç                  | 62467         | Name              |
|--|-----------|------------------|-------------|-----------------------|-----------|--------------------|---------------|-------------------|
|  |           |                  |             | TE FEES FOR EAC       | H SUBSCR  | IBER GROUP         |               |                   |
|  | -SEVENTH  | SUBSCRIBER GROUP | 0           | 1                     |           | I SUBSCRIBER GROUP | ,<br><b>0</b> | 9                 |
| COMMUNITY/ AREA                                  |           |                  | U           | COMMUNITY/ AREA       |           |                    | U             | Computation       |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE       | CALL SIGN          | DSE           | of                |
|  |           | -                |             |                       |           |                    |               | Base Rate Fee     |
|  |           |                  |             |                       |           |                    |               | and<br>Syndicated |
|  |           | -                |             |                       |           |                    |               | Exclusivity       |
|  |           |                  |             |                       |           |                    |               | Surcharge         |
|  |           |                  |             |                       |           |                    |               | for<br>Partially  |
|  |           | -                |             |                       |           |                    |               | Distant           |
|  |           |                  |             |                       |           |                    |               | Stations          |
|  |           |                  |             |                       |           |                    |               |                   |
|  |           |                  |             |                       |           |                    |               |                   |
|  |           |                  |             |                       |           |                    |               |                   |
|  |           |                  |             |                       |           |                    |               |                   |
| Total DSEs                                       |           |                  | 0.00        | Total DSEs            |           |                    | 0.00          |                   |
| Gross Receipts First Gr                          | roup      | \$               | 0.00        | Gross Receipts Seco   | ond Group | \$                 | 0.00          |                   |
| Base Rate Fee First Gr                           | roup      | \$               | 0.00        | Base Rate Fee Seco    | and Group | \$                 | 0.00          |                   |
| ONE HUNDRED FI                                   | FTY-NINTH | SUBSCRIBER GROUP |             | 11                    |           | I SUBSCRIBER GROUP | <b>)</b>      |                   |
| COMMUNITY/ AREA                                  |           |                  | 0           | COMMUNITY/ AREA       |           |                    | 0             |                   |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE       | CALL SIGN          | DSE           |                   |
|  |           | -                |             |                       |           |                    |               |                   |
|  |           |                  |             |                       |           |                    |               |                   |
|  |           |                  |             |                       |           |                    |               |                   |
|  |           | -                |             |                       |           |                    |               |                   |
|  |           | -                |             |                       |           |                    |               |                   |
|  |           | -                |             |                       |           |                    |               |                   |
|  |           | -                |             |                       |           |                    |               |                   |
|  |           |                  |             |                       |           |                    |               |                   |
|  |           |                  |             |                       |           |                    |               |                   |
|  |           |                  |             |                       |           |                    |               |                   |
|  |           |                  |             |                       |           |                    |               |                   |
| Total DSEs                                       |           |                  | 0.00        | Total DSEs            |           |                    | 0.00          |                   |
| Gross Receipts Third G                           | Group     | \$               | 0.00        | Gross Receipts Fourt  | th Group  | \$                 | 0.00          |                   |
| Base Rate Fee Third G                            | Group     | \$               | 0.00        | Base Rate Fee Four    | th Group  | \$                 | 0.00          |                   |
| Base Rate Fee: Add th<br>Enter here and in block |           |                  | riber group | as shown in the boxes | above.    | \$                 |               |                   |

| LEGAL NAME OF OWNE                                      |         |                 | , INC.       |                          |         | SY               | STEM ID#<br>62467 | Name                      |
|---|---------|-----------------|--------------|--------------------------|---------|------------------|-------------------|---------------------------|
| B   | LOCK A: | COMPUTATION OF  | BASE RA      | TE FEES FOR EACH         | SUBSCRI | BER GROUP        |                   |                           |
|   | FIRST   | SUBSCRIBER GROU | IP           |                          | SECOND  | SUBSCRIBER GROUP | )                 | •                         |
| COMMUNITY/ AREA   | WICHIT  |                 |              | COMMUNITY/ AREA          | ABILEN  | E                |                   | 9<br>Computation          |
| CALL SIGN   | DSE     | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN        | DSE               | of                        |
|   |         |                 |              |                          |         |                  |                   | Base Rate Fee             |
|   |         |                 |              |                          |         |                  |                   | and<br>Sum dia stard      |
|   |         | -               |              |                          |         |                  |                   | Syndicated<br>Exclusivity |
|   |         |                 |              |                          |         |                  |                   | Surcharge                 |
|   |         | -               |              |                          |         | -                |                   | for                       |
|   |         | -               |              |                          |         | =                |                   | Partially                 |
|   |         |                 |              |                          |         |                  |                   | Distant                   |
|   |         |                 |              |                          |         |                  |                   | Stations                  |
|   |         | -               |              |                          |         |                  |                   |                           |
|   |         | -               |              |                          |         |                  |                   |                           |
|   |         | -               |              |                          |         |                  |                   |                           |
|   |         |                 |              |                          |         |                  |                   |                           |
|   |         |                 |              |                          |         |                  |                   |                           |
|   |         |                 | 0.00         |                          |         |                  | 0.00              |                           |
| Total DSEs  |         | 0.00            |              | Total DSEs 0.00          |         | 14,674.38        |                   |                           |
| Gross Receipts First Gr                                 | oup     | <u>\$</u> 224,  | 467.69       | Gross Receipts Second    | d Group | <u>\$</u> 21     | 0.00              |                           |
| Base Rate Fee First Gr                                  | oup     | \$              | 0.00         | Base Rate Fee Second     | d Group | \$               |                   |                           |
|   | THIRD   | SUBSCRIBER GROU | IP           |                          | FOURTH  | SUBSCRIBER GROUP | ,                 |                           |
| COMMUNITY/ AREA   | MUNDA   | ΑY              |              | COMMUNITY/ AREA          | AMARIL  | LO               |                   |                           |
| 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    | <u>\$ 80</u>    | ,191.87      | Gross Receipts Fourth    | Group   | <u>\$ 11</u>     | 2,840.76          |                           |
| Base Rate Fee Third G                                   | roup    | \$              | 0.00         | Base Rate Fee Fourth     | Group   | \$               | 0.00              |                           |
|   |         |                 |              |                          |         |                  |                   |                           |
| <b>Base Rate Fee:</b> Add th<br>Enter here and in block |         |                 | iber group a | as shown in the boxes at | oove.   | \$               | 0.00              |                           |
|   | 2, 1, 3 | = (page / )     |              |                          |         | <b>T</b>         | 0.00              |                           |

|          |        |                  |          | TE FEES FOR EAC                |          |                 |         | В                   |
|----------|--------|------------------|----------|--------------------------------|----------|-----------------|---------|---------------------|
| 0        | 9<br>0 | I SUBSCRIBER GRO | SIXTE    | COMMUNITY/ AREA                |          | SUBSCRIBER GROU | FIFIH   | OMMUNITY/ AREA      |
| U U      |        |                  |          | 0<br>CALL SIGN DSE             |          |                 |         |                     |
| -        | DSE    | CALL SIGN        | DSE      | CALL SIGN                      | DSE      | CALL SIGN       | DSE     | CALL SIGN           |
|          |        |                  |          |                                |          | -               |         |                     |
|          |        | n <mark>-</mark> |          |                                |          |                 |         |                     |
|          |        |                  |          |                                |          |                 |         |                     |
|          |        |                  |          |                                |          |                 |         |                     |
|          |        |                  |          |                                |          | -               |         |                     |
|          |        |                  |          |                                |          |                 |         |                     |
|          |        |                  |          |                                |          |                 |         |                     |
|          |        | •                |          |                                |          | -               |         |                     |
|          |        |                  |          |                                |          | -               |         |                     |
|          |        |                  |          |                                |          |                 |         |                     |
|          |        |                  |          |                                |          |                 |         |                     |
|          |        |                  |          |                                |          |                 |         |                     |
| _        |        |                  |          |                                |          |                 |         |                     |
| )        | 0.00   |                  |          | Total DSEs                     | 0.00     |                 |         | tal DSEs            |
| )        | 0.00   | \$               | nd Group | Gross Receipts Seco            | 0.00     | \$              | roup    | ss Receipts First G |
| 5        | 0.00   | \$               | nd Group | Base Rate Fee Seco             | 0.00     | \$              | roup    | e Rate Fee First G  |
|          | JP     | I SUBSCRIBER GRO | EIGHTH   |                                | JP       | SUBSCRIBER GROU | SEVENTH |                     |
| 0        |        |                  |          |                                |          |                 |         |                     |
| <b>.</b> | 0      |                  |          | COMMUNITY/ AREA                | 0        |                 |         | 1MUNITY/ AREA       |
|          | DSE    | CALL SIGN        | DSE      | COMMUNITY/ AREA                | 0<br>DSE | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        | DSE      |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        | DSE      |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        | DSE      |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        | DSE      |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        | DSE      |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        | DSE      |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        | DSE      |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        |          |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        |          |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        |          |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        |          |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        |          |                                |          | CALL SIGN       | DSE     |                     |
|          |        | CALL SIGN        |          |                                |          | CALL SIGN       | DSE     | CALL SIGN           |
|          | DSE    | S                |          | CALL SIGN                      | DSE      | CALL SIGN       |         | CALL SIGN           |
|          | DSE    |                  |          | CALL SIGN CALL SIGN Total DSEs | DSE      |                 |         | OMMUNITY/ AREA      |

| NTA ROSA TELEPHONE CO      | TEM:<br>OPERATIVE, INC. |                                   |           |                 | 62467 |
|----------------------------|-------------------------|-----------------------------------|-----------|-----------------|-------|
| BLOCK A: COMF              | PUTATION OF BASE RA     | ATE FEES FOR EAC                  |           |                 |       |
|                            | CRIBER GROUP            |                                   |           | SUBSCRIBER GROU |       |
| MMUNITY/ AREA              | 0                       | COMMUNITY/ AREA                   | 4         |                 | 0     |
| ALL SIGN DSE CA            | LL SIGN DSE             | CALL SIGN                         | DSE       | CALL SIGN       | DSE   |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            | ······                  |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           | -               |       |
|                            |                         |                                   |           | -               |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
| al DSEs                    | 0.00                    | Total DSEs                        |           |                 | 0.00  |
| ss Receipts First Group    | 0.00                    | Gross Receipts Seco               | ond Group | \$              | 0.00  |
| se Rate Fee First Group \$ | 0.00                    | Base Rate Fee Seco                | ond Group | \$              | 0.00  |
| ELEVENTH SUBS              | CRIBER GROUP            |                                   | TWELVTH   | SUBSCRIBER GROU | JP    |
| MMUNITY/ AREA              | 0                       | COMMUNITY/ ARE                    | A         |                 | 0     |
| ALL SIGN DSE CA            | LL SIGN DSE             | CALL SIGN                         | DSE       | CALL SIGN       | DSE   |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           | -               |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
|                            |                         |                                   |           |                 |       |
| al DSEs                    | 0.00                    | Total DSEs                        |           |                 | 0.00  |
| al DSEs                    | 0.00                    | Total DSEs<br>Gross Receipts Four | th Group  | S               | 0.00  |
|                            |                         |                                   | th Group  | S               |       |

| SANTA ROSA TELEPHO   | NE COOPERATIV           | E, INC.                      |   |                       |                   | 62467                       |
|--|-------------------------|------------------------------|---|-----------------------|-------------------|-----------------------------|
|  | A: COMPUTATION (        |                              | TT  |                       |                   |                             |
|  | TH SUBSCRIBER GRO       |                              |   |                       | I SUBSCRIBER GRO  |                             |
| COMMUNITY/ AREA  |                         | 0                            | COMMUNITY/ ARE                                | A                     |                   | 0                           |
| CALL SIGN DSE  | CALL SIGN               | DSE                          | CALL SIGN                                     | DSE                   | CALL SIGN         | DSE                         |
|  |                         |                              |   |                       |                   |                             |
|  |                         |                              |   |                       |                   |                             |
|  |                         |                              |   |                       |                   |                             |
|  |                         |                              | -   |                       |                   |                             |
|  |                         |                              |   |                       |                   |                             |
|  |                         |                              |   |                       |                   |                             |
|  |                         |                              |   |                       |                   |                             |
|  |                         |                              |   |                       |                   |                             |
|  |                         |                              |   |                       |                   |                             |
|  |                         |                              |   |                       | n <b>=</b>        |                             |
|  |                         |                              |   |                       |                   |                             |
|  |                         |                              |   |                       |                   |                             |
|  |                         |                              |   |                       |                   |                             |
| tal DSEs   |                         | 0.00                         | Total DSEs                                    |                       |                   | 0.00                        |
| oss Receipts First Group   | \$                      | 0.00                         | Gross Receipts Sec                            | ond Group             | \$                | 0.00                        |
|  |                         |                              |   |                       |                   |                             |
| se Rate Fee First Group  | \$                      | 0.00                         | Base Rate Fee Sec                             | ond Group             | \$                | 0.00                        |
| -  | \$<br>TH SUBSCRIBER GRO |                              | Base Rate Fee Sec                             |                       | \$                |                             |
| FIFTEEN  |                         |                              | Base Rate Fee Sec                             | SIXTEENTH             | •                 |                             |
| FIFTEEN<br>IMUNITY/ AREA   |                         | OUP                          |   | SIXTEENTH             | •                 | UP                          |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN DMMUNITY/ AREA CALL SIGN DSE                             | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | SIXTEENTH             | I SUBSCRIBER GRO  | UP<br>0                     |
| FIFTEEN OMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE | TH SUBSCRIBER GRO       | DUP<br>0<br>DSE              | COMMUNITY/ ARE<br>CALL SIGN                   | SIXTEENTH<br>A<br>DSE | I SUBSCRIBER GRO  | UP<br>0<br>DSE              |
| OMMUNITY/ AREA   | TH SUBSCRIBER GRO       | DUP<br>0<br>DSE<br>0<br>0.00 | COMMUNITY/ ARE<br>COMMUNITY/ ARE<br>CALL SIGN | SIXTEENTH<br>A<br>DSE | I SUBSCRIBER GROU | UP<br>0<br>DSE<br>0<br>0.00 |

| EGAL NAME OF OWNER OF CA   |                        | E, INC.         |                    |           |                  | 62467          |
|----------------------------|------------------------|-----------------|--------------------|-----------|------------------|----------------|
|                            |                        |                 | П                  |           |                  |                |
|                            | H SUBSCRIBER GRO       | 0<br>0          | COMMUNITY/ ARE     |           | I SUBSCRIBER GRO | UP<br>0        |
| CALL SIGN DSE              | CALL SIGN              | DSE             | CALL SIGN          | DSE       | CALL SIGN        | DSE            |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
|                            |                        |                 |                    |           |                  |                |
| tal DSEs                   |                        | 0.00            | Total DSEs         |           |                  | 0.00           |
| ross 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           |
|                            | \$<br>H SUBSCRIBER GRO |                 | Base Rate Fee Sec  | •         | \$               |                |
| NINTEENT                   | H SUBSCRIBER GRO       | DUP<br>0        | Base Rate Fee Sec  | TWENTIETH | I SUBSCRIBER GRO |                |
| NINTEENT                   | •                      | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP             |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT                   | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| NINTEENT<br>DMMUNITY/ AREA | H SUBSCRIBER GRC       | DUP<br>0        | COMMUNITY/ ARE     | TWENTIETH | I SUBSCRIBER GRO | UP<br>0        |
| OMMUNITY/ AREA             | H SUBSCRIBER GRC       | DUP<br>0<br>DSE | COMMUNITY/ ARE     | A         | I SUBSCRIBER GRO | UP<br>0<br>DSE |

| SANTA ROSA TELEPHO        | BLE SYSTEM:<br>NE COOPERATIV | E, INC.  |                             |            |                   | 62467    |
|---------------------------|------------------------------|----------|-----------------------------|------------|-------------------|----------|
|                           | A: COMPUTATION C             |          | 11                          |            |                   |          |
|                           | ST SUBSCRIBER GRO            |          | 11                          |            | SUBSCRIBER GRO    |          |
| COMMUNITY/ AREA           |                              | 0        | COMMUNITY/ ARE              | A          |                   | 0        |
| CALL SIGN DSE             | CALL SIGN                    | DSE      | CALL SIGN                   | DSE        | CALL SIGN         | DSE      |
|                           |                              |          |                             |            |                   |          |
|                           |                              |          |                             |            |                   |          |
|                           |                              |          |                             |            |                   |          |
|                           |                              |          |                             |            |                   |          |
|                           |                              |          |                             |            |                   |          |
|                           |                              |          |                             |            |                   |          |
|                           |                              |          |                             |            | n <mark>-</mark>  |          |
|                           |                              |          |                             |            |                   |          |
|                           |                              |          |                             |            |                   |          |
|                           |                              |          |                             |            |                   |          |
|                           |                              |          |                             |            |                   |          |
|                           |                              |          |                             |            |                   |          |
| otal DSEs                 | - 11                         | 0.00     | Total DSEs                  |            | 11                | 0.00     |
| ross Receipts First Group | \$                           | 0.00     | Gross Receipts Sec          | ond Group  | \$                | 0.00     |
|                           |                              |          |                             | ·          |                   |          |
| ase Rate Fee First Group  | \$                           | 0.00     | Base Rate Fee Sec           | cond Group | \$                | 0.00     |
|                           |                              |          |                             |            |                   |          |
| TWENTY-THI                | RD SUBSCRIBER GRO            | DUP      | TWE                         | NTY-FOURTH | SUBSCRIBER GRO    | JP       |
|                           | RD SUBSCRIBER GRC            | 0<br>0   | COMMUNITY/ ARE              |            | I SUBSCRIBER GROU | JP<br>0  |
| /MUNITY/ AREA             | CALL SIGN                    |          | 11                          |            | CALL SIGN         |          |
| MMUNITY/ AREA             | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| MMUNITY/ AREA             | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| MMUNITY/ AREA             | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| DMMUNITY/ AREA            | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| DMMUNITY/ AREA            | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| DMMUNITY/ AREA            | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| DMMUNITY/ AREA            | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| DMMUNITY/ AREA            | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| DMMUNITY/ AREA            | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| OMMUNITY/ AREA            | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| OMMUNITY/ AREA            | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| OMMUNITY/ AREA            | - 11                         | 0        | COMMUNITY/ ARE              | A          | 11                | 0        |
| OMMUNITY/ AREA            | - 11                         | 0<br>DSE | COMMUNITY/ ARE<br>CALL SIGN | A DSE      | 11                | 0<br>DSE |
| OMMUNITY/ AREA            | CALL SIGN                    | 0<br>DSE | COMMUNITY/ ARE<br>CALL SIGN | A DSE      | 11                | 0<br>DSE |

| PHONE COOPERATIVE, INC. 62   | EM ID#<br>62467 |
|--|-----------------|
| OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP   |                 |
| COMMUNITY/ AREA  | 0               |
|  | U               |
| DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN E  | DSE             |
|  |                 |
|  |                 |
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|  |                 |
|  |                 |
|  |                 |
|  |                 |
| 0.00 Total DSEs0   | 0.00            |
| p <u>\$ 0.00</u> Gross Receipts Second Group <u>\$ 0</u>   | 0.00            |
| p \$ 0.00 Base Rate Fee Second Group \$ 0  | 0.00            |
| VENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP  |                 |
|  |                 |
| 0 COMMUNITY/ AREA  | 0               |
| 0 COMMUNITY/ AREA  | <b>0</b><br>DSE |
| 0 COMMUNITY/ AREA  |                 |
| O       COMMUNITY/ AREA         DSE       CALL SIGN       DSE       CALL SIGN       I         Image: Community of the second s |                 |
| 0       COMMUNITY/ AREA         DSE       CALL SIGN       DSE       CALL SIGN       DSE         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1 </td <td>DSE</td>  | DSE             |
| 0       COMMUNITY/ AREA         DSE       CALL SIGN       DSE       CALL SIGN       DSE         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1       1 </td <td>DSE</td>  | DSE             |

| SANTA ROSA TELEPHO           | BLE SYSTEM:<br>DNE COOPERATIV | E, INC.  |                                |            |                  | 8YSTEM ID#<br>62467 |
|------------------------------|-------------------------------|----------|--------------------------------|------------|------------------|---------------------|
|                              | A: COMPUTATION (              |          | ATE FEES FOR EAG               |            |                  |                     |
| TWENTY-NIN<br>OMMUNITY/ AREA | TH SUBSCRIBER GRO             | OUP<br>0 | COMMUNITY/ ARE                 |            | I SUBSCRIBER GRO | UP<br>0             |
|                              |                               |          |                                |            |                  |                     |
| CALL SIGN DSE                | CALL SIGN                     | DSE      | CALL SIGN                      | DSE        | CALL SIGN        | DSE                 |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
|                              |                               |          |                                |            |                  |                     |
| tal DSEs                     |                               | 0.00     | Total DSEs                     |            |                  | 0.00                |
| oss Receipts First Group     | \$                            | 0.00     | Gross Receipts Sec             | ond Group  | \$               | 0.00                |
|                              |                               |          |                                |            |                  |                     |
| se Rate Fee First Group      | \$                            | 0.00     | Base Rate Fee Sec              | ond Group  | \$               | 0.00                |
| THIRTY-FIR                   | ST SUBSCRIBER GRO             |          | THIF                           | RTY-SECONE | SUBSCRIBER GRO   | UP                  |
| MMUNITY/ AREA                |                               | 0        | COMMUNITY/ ARE                 | A          |                  | 0                   |
|                              |                               |          |                                |            |                  |                     |
| ALL SIGN DSE                 | CALL SIGN                     | DSE      | CALL SIGN                      | DSE        | CALL SIGN        | DSE                 |
| LL SIGN DSE                  | CALL SIGN                     | DSE      | CALL SIGN                      | DSE        | CALL SIGN        | DSE                 |
| ALL SIGN DSE                 | CALL SIGN                     | DSE      | CALL SIGN                      | DSE        | CALL SIGN        | DSE                 |
| ALL SIGN DSE                 | CALL SIGN                     | DSE      | CALL SIGN                      | DSE        |                  | DSE                 |
| ALL SIGN DSE                 | CALL SIGN                     | DSE      | CALL SIGN                      | DSE        | CALL SIGN        | DSE                 |
| ALL SIGN DSE                 | CALL SIGN                     | DSE      | CALL SIGN                      |            |                  | DSE                 |
| CALL SIGN DSE                | CALL SIGN                     | DSE      | CALL SIGN                      |            | CALL SIGN        | DSE                 |
| CALL SIGN DSE                | CALL SIGN                     | DSE      | CALL SIGN                      |            | CALL SIGN        | DSE                 |
| CALL SIGN DSE                | CALL SIGN                     | DSE      | CALL SIGN                      |            | CALL SIGN        |                     |
| CALL SIGN DSE                | CALL SIGN                     |          | CALL SIGN                      |            | CALL SIGN        |                     |
| CALL SIGN DSE                | CALL SIGN                     |          | CALL SIGN                      |            | CALL SIGN        |                     |
| CALL SIGN DSE                | CALL SIGN                     |          | CALL SIGN                      |            | CALL SIGN        |                     |
| CALL SIGN DSE                | CALL SIGN                     |          | CALL SIGN                      |            | CALL SIGN        | DSE                 |
|                              | CALL SIGN                     | DSE      | CALL SIGN CALL SIGN Total DSEs |            | CALL SIGN        | DSE                 |
| otal DSEs                    | S                             |          |                                |            | S                |                     |
| CALL SIGN DSE                |                               | 0.00     | Total DSEs                     | rth Group  |                  | 0.00                |

| 67 | 62467                                       |                |            |                              | , INC.         | E COOPERATIV   | R OF CABLE | SANTA ROSA TE   |
|----|---|----------------|------------|------------------------------|----------------|----------------|------------|---|
|    |   |                |            |                              |                |                |            |   |
| 0  |   | SUBSCRIBER GRO | Y-FOURTH   | THIRT<br>COMMUNITY/ AREA     | JP<br>0        | SUBSCRIBER GRC | RTY-THIRD  | THIF  |
| U  | U   |                |            | COMMUNITY AREA               | U              |                |            | OMMUNITY/ AREA  |
| E  | DSE   | CALL SIGN      | DSE        | CALL SIGN                    | DSE            | CALL SIGN      | DSE        | CALL SIGN   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
|    |   |                |            |                              |                |                |            |   |
| 0  | 0.00  |                |            | Total DSEs                   | 0.00           |                |            | tal DSEs  |
| 0  | 0.00  | \$             | nd Group   | Gross Receipts Secor         | 0.00           | \$             | roup       | oss Receipts First G  |
| 0  | 0.00  | \$             | nd Group   | Base Rate Fee Secor          | 0.00           | \$             | roup       | se Rate Fee First G   |
|    |   |                |            |                              |                |                |            |   |
|    | JP  | SUBSCRIBER GRO | IRTY-SIXTH | ТН                           | JP             | SUBSCRIBER GRC | RTY-FIFTH  | THI   |
| 0  |   | SUBSCRIBER GRO | IRTY-SIXTH | TH<br>COMMUNITY/ AREA        | JP<br><b>0</b> | SUBSCRIBER GRC | RTY-FIFTH  |   |
|    |   | SUBSCRIBER GRO | DSE        | 11                           |                | SUBSCRIBER GRC | RTY-FIFTH  | IMUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | /MUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | /MUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | /MUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | MMUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | MMUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | MMUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | MMUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | MMUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | MMUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | DMMUNITY/ AREA  |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | MMUNITY/ AREA   |
|    | 0   | 1              | 1          | COMMUNITY/ AREA              | 0              |                |            | DMMUNITY/ AREA  |
| E  | 0<br>DSE                                    | 1              | DSE        | COMMUNITY/ AREA<br>CALL SIGN | 0<br>DSE       |                | DSE        | OMMUNITY/ AREA  |
| E  | 0 DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | CALL SIGN      | DSE        | COMMUNITY/ AREA<br>CALL SIGN | 0<br>DSE<br>   | CALL SIGN      | DSE        | THI<br>OMMUNITY/ AREA<br>CALL SIGN<br>CALL SIGN<br>Otal DSEs<br>ross Receipts Third ( |

| SANTA ROSA TELEPHO                     | ABLE SYSTEM:<br>DNE COOPERATIV | E, INC.  |                      |           |                  | 62467   |
|--|--------------------------------|----------|----------------------|-----------|------------------|---------|
|  | A: COMPUTATION                 |          | П                    |           |                  |         |
| THIRTY-SEVEN                           | TH SUBSCRIBER GR               | OUP<br>0 | TH<br>COMMUNITY/ ARE |           | H SUBSCRIBER GRO | UP<br>0 |
|  |                                |          |                      |           |                  |         |
| CALL SIGN DSE                          | CALL SIGN                      | DSE      | CALL SIGN            | DSE       | CALL SIGN        | DSE     |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
| otal DSEs                              |                                | 0.00     | Total DSEs           |           |                  | 0.00    |
| oss Receipts First Group               | \$                             | 0.00     | Gross Receipts Sec   | ond Group | \$               | 0.00    |
| se Rate Fee First Group                | \$                             | 0.00     | Base Rate Fee Sec    | ond Group | \$               | 0.00    |
| THIRTY-NIN                             | TH SUBSCRIBER GR               | OUP      |                      | FORTIETH  | H SUBSCRIBER GRO | UP      |
| MMUNITY/ AREA                          |                                | 0        | COMMUNITY/ ARE       | A         |                  | 0       |
| ALL SIGN DSE                           | CALL SIGN                      | DSE      | CALL SIGN            | DSE       | CALL SIGN        | DSE     |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  | I                              |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                |          |                      |           |                  |         |
|  |                                | 0.00     | Total DSEs           |           |                  | 0.00    |
| otal DSEs                              |                                | 0.00     | Gross Receipts Fou   | rth Group | \$               | 0.00    |
| otal DSEs<br>ross Receipts Third Group | \$                             | 0.00     |                      |           |                  |         |

| EGAL NAME OF OWNER OF CAB |                  | E, INC.  |                       |            |                  | 62467    |
|---------------------------|------------------|----------|-----------------------|------------|------------------|----------|
|                           |                  |          | ATE FEES FOR EA       |            |                  |          |
| FORTY-FIRS                | SUBSCRIBER GRC   | 00P<br>0 | FOI<br>COMMUNITY/ ARE |            | ) SUBSCRIBER GRO | UP<br>0  |
|                           |                  |          |                       |            |                  |          |
| CALL SIGN DSE             | CALL SIGN        | DSE      | CALL SIGN             | DSE        | CALL SIGN        | DSE      |
|                           |                  |          |                       |            | n <mark>-</mark> |          |
|                           |                  |          |                       |            |                  |          |
|                           |                  |          |                       |            |                  |          |
|                           |                  |          |                       |            |                  |          |
|                           |                  |          |                       |            |                  |          |
|                           |                  |          |                       |            |                  |          |
|                           |                  |          |                       |            |                  |          |
|                           |                  |          |                       |            |                  |          |
|                           |                  |          |                       |            |                  |          |
|                           |                  |          |                       |            | •                |          |
|                           |                  |          |                       |            |                  |          |
|                           |                  |          |                       |            |                  |          |
| tal DSEs                  |                  | 0.00     | Total DSEs            |            |                  | 0.00     |
| oss Receipts First Group  | \$               | 0.00     | Gross Receipts Sec    | ond Group  | \$               | 0.00     |
| se Rate Fee First Group   | \$               | 0.00     | Base Rate Fee Sec     | ond Group  | \$               | 0.00     |
| FORTY-THIRE               | ) SUBSCRIBER GRC | )UP      | FO                    | RTY-FOURTH | I SUBSCRIBER GRO | UP       |
|                           |                  |          |                       |            |                  |          |
| MMONITY AREA              |                  | 0        | COMMUNITY/ ARE        |            |                  | 0        |
|                           | CALL SIGN        |          |                       |            | CALL SIGN        | 0<br>DSE |
|                           | п                |          |                       |            | CALL SIGN        |          |
| ······                    | п                |          |                       |            | CALL SIGN        |          |
|                           | п                |          |                       |            | CALL SIGN        |          |
|                           | п                |          |                       |            | CALL SIGN        |          |
|                           | п                |          |                       |            | CALL SIGN        |          |
|                           | п                |          |                       |            | CALL SIGN        |          |
|                           | п                |          |                       |            | CALL SIGN        |          |
|                           | п                |          |                       |            | CALL SIGN        |          |
|                           | п                |          |                       |            | CALL SIGN        |          |
|                           | п                |          |                       |            | CALL SIGN        |          |
|                           | п                |          |                       |            | CALL SIGN        |          |
|                           | п                |          |                       |            | CALL SIGN        |          |
| CALL SIGN DSE             | п                |          |                       |            | CALL SIGN        |          |
| CALL SIGN DSE             | п                |          | CALL SIGN             |            | S                |          |
| OMMUNITY/ AREA            | CALL SIGN        | DSE      | CALL SIGN             |            |                  | DSE      |
| CALL SIGN DSE             | CALL SIGN        | DSE      | CALL SIGN             | DSE        |                  | DSE      |

| SANTA ROSA TELEPHO                   | NE COOPERATIV     | E, INC. |                                       |            |                  | 62467     |
|--------------------------------------|-------------------|---------|---------------------------------------|------------|------------------|-----------|
|                                      | A: COMPUTATION (  |         |                                       |            |                  |           |
| FORTY-FIF                            | TH SUBSCRIBER GRO | OUP 0   | F<br>COMMUNITY/ ARE                   |            | I SUBSCRIBER GRO | <u>UP</u> |
|                                      |                   | U       | COMMONT T/ ARE                        | <b>~</b>   |                  | U         |
| CALL SIGN DSE                        | CALL SIGN         | DSE     | CALL SIGN                             | DSE        | CALL SIGN        | DSE       |
|                                      |                   |         |                                       |            | n <mark>-</mark> |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            | n <mark>-</mark> |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
| al DSEs                              |                   | 0.00    | Total DSEs                            |            |                  | 0.00      |
| oss Receipts First Group             | \$                | 0.00    | Gross Receipts Sec                    | ond Group  | \$               | 0.00      |
| se Rate Fee First Group              | \$                | 0.00    | Base Rate Fee Sec                     | ond Group  | \$               | 0.00      |
| FORTY-SEVEN                          | TH SUBSCRIBER GRO | OUP     | FC                                    | RTY-FIGHTH | I SUBSCRIBER GRO | UP        |
| MMUNITY/ AREA                        |                   | 0       | COMMUNITY/ ARE                        |            |                  | 0         |
| ALL SIGN DSE                         | CALL SIGN         | DSE     | CALL SIGN                             | DSE        | CALL SIGN        | DSE       |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         | · · · · · · · · · · · · · · · · · · · |            |                  |           |
|                                      |                   |         | · · · · · · · · · · · · · · · · · · · |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
|                                      |                   |         |                                       |            |                  |           |
| al DSEs                              |                   | 0.00    | Total DSEs                            |            |                  | 0.00      |
| tal DSEs<br>oss Receipts Third Group | s                 | 0.00    | Total DSEs<br>Gross Receipts Fou      | rth Group  | s                | 0.00      |

| EGAL NAME OF OWNER OF CAE  |                  | E, INC.  |   |           |                  | 62467              |
|--|------------------|----------|---|-----------|------------------|--------------------|
|  |                  |          | ATE FEES FOR EAC  |           |                  |                    |
|  | H SUBSCRIBER GRO | 0UP<br>0 |   |           | I SUBSCRIBER GRO | <u>UP</u> <b>0</b> |
| OMMUNITY/ AREA   |                  | U        | COMMUNITY/ AREA   | •         |                  | U                  |
| CALL SIGN DSE  | CALL SIGN        | DSE      | CALL SIGN   | DSE       | CALL SIGN        | DSE                |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
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|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
| al DSEs  |                  | 0.00     | Total DSEs  |           |                  | 0.00               |
| oss Receipts First Group   | \$               | 0.00     | Gross Receipts Seco   | ond Group | \$               | 0.00               |
|  |                  |          |   |           |                  |                    |
| se Rate Fee First Group  | \$               | 0.00     | Base Rate Fee Seco  | ond Group | \$               | 0.00               |
|  | T SUBSCRIBER GRO |          | 11  |           | SUBSCRIBER GRO   |                    |
| MMUNITY/ AREA  |                  | 0        | COMMUNITY/ AREA   | •         |                  | 0                  |
| LL SIGN DSE  | CALL SIGN        | DSE      | CALL SIGN   | DSE       | CALL SIGN        | DSE                |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          | <ul> <li>a analysis</li> <li>a analysis</li> <li>b analysis</li> <li>b analysis</li> <li>c analysis</li></ul>   |           |                  |                    |
|  |                  |          | <ul> <li>Management (1997)</li> <li>Management (1997)&lt;</li></ul> |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
|  |                  |          |   |           |                  |                    |
| tal DSEs   |                  | 0.00     | Total DSEs  |           |                  | 0.00               |
|  | <u>s</u>         | 0.00     | Total DSEs<br>Gross Receipts Four   | th Group  | S                | 0.00               |
| otal DSEs<br>ross Receipts Third Group<br>ase Rate Fee Third Group |                  |          |   | ·         | s                |                    |

| SANTA ROSA TELEPHO                    | ABLE SYSTEM:<br>DNE COOPERATIV | E, INC.                      |   |                         |                  | SYSTEM ID#<br>62467 |
|---------------------------------------|--------------------------------|------------------------------|---|-------------------------|------------------|---------------------|
|                                       | A: COMPUTATION C               |                              |   |                         |                  |                     |
| FIFTY-THI<br>COMMUNITY/ AREA          | RD SUBSCRIBER GRO              | DUP<br>0                     | FI<br>COMMUNITY/ ARE                          |                         | H SUBSCRIBER GRO | 0<br>0              |
|                                       |                                | U                            | COMMUNITY ARE                                 | A                       |                  | U                   |
| CALL SIGN DSE                         | CALL SIGN                      | DSE                          | CALL SIGN                                     | DSE                     | CALL SIGN        | DSE                 |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
|                                       |                                |                              |   |                         |                  |                     |
| otal DSEs                             |                                | 0.00                         | Total DSEs                                    | ·                       |                  | 0.00                |
| ross Receipts First Group             | \$                             | 0.00                         | Gross Receipts Sec                            | ond Group               | \$               | 0.00                |
|                                       |                                |                              |   |                         |                  |                     |
| an Data Fan First Ossur               | ¢                              | 0.00                         |   |                         |                  | 0.00                |
| ASE Rate Fee First Group              | \$                             | 0.00                         | Base Rate Fee Sec                             | ond Group               | \$               | 0.00                |
| · · · · · · · · · · · · · · · · · · · | TH SUBSCRIBER GRO              | DUP                          | Base Rate Fee Sec                             |                         | SUBSCRIBER GRO   |                     |
| FIFTY-FIF                             |                                |                              | COMMUNITY/ ARE                                | FIFTY-SIXTH             |                  |                     |
| FIFTY-FIF                             | TH SUBSCRIBER GRC              | DUP                          |   | FIFTY-SIXTH             |                  | UP                  |
| FIFTY-FIF                             | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF<br>MMUNITY/ AREA            | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF<br>MMUNITY/ AREA            | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF                             | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF                             | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF                             | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF                             | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF                             | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF                             | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF                             | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF                             | TH SUBSCRIBER GRC              | DUP<br>0                     | COMMUNITY/ ARE                                | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0             |
| FIFTY-FIF<br>OMMUNITY/ AREA           | TH SUBSCRIBER GRC              | DUP<br>0<br>DSE              | COMMUNITY/ ARE<br>COMMUNITY/ ARE<br>CALL SIGN | FIFTY-SIXTH             | H SUBSCRIBER GRO |                     |
| FIFTY-FIF<br>OMMUNITY/ AREA           | TH SUBSCRIBER GRC              | DUP<br>0<br>DSE<br>0<br>0.00 | COMMUNITY/ ARE<br>COMMUNITY/ ARE<br>CALL SIGN | FIFTY-SIXTH             | H SUBSCRIBER GRO | UP<br>0<br>DSE      |
| FIFTY-FIF<br>OMMUNITY/ AREA           | TH SUBSCRIBER GRC              | DUP<br>0<br>DSE              | COMMUNITY/ ARE<br>COMMUNITY/ ARE<br>CALL SIGN | FIFTY-SIXTH             | H SUBSCRIBER GRO |                     |
| COMMUNITY/ AREA                       | TH SUBSCRIBER GRC              | DUP<br>0<br>DSE<br>0<br>0.00 | COMMUNITY/ ARE<br>COMMUNITY/ ARE<br>CALL SIGN | FIFTY-SIXTH<br>A<br>DSE | I SUBSCRIBER GRO | UP<br>0<br>DSE      |

| 62467    |                   |           |                    |          |                | ELEPHONE |                        |
|----------|-------------------|-----------|--------------------|----------|----------------|----------|------------------------|
|          |                   |           | RATE FEES FOR EA   |          |                |          |                        |
|          | I SUBSCRIBER GROU | TY-EIGHTH |                    |          | SUBSCRIBER GRO |          | FIFTY                  |
| 0        |                   |           |                    | 0        |                |          | OMMUNITY/ AREA         |
| DSE      | CALL SIGN         | DSE       | CALL SIGN          | DSE      | CALL SIGN      | DSE      | CALL SIGN              |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
|          |                   |           |                    |          |                |          |                        |
| 0.00     |                   |           | Total DSEs         | 0.00     |                |          | tal DSEs               |
| 0.00     | \$                | nd Group  | Gross Receipts Sec | 0.00     | \$             | Group    | oss Receipts First G   |
| ]        |                   |           | וו                 |          |                |          |                        |
| 0.00     | \$                |           | Base Rate Fee Sec  | 0.00     | \$             | Group    | e Rate Fee First G     |
| Р        | I SUBSCRIBER GROU |           |                    |          |                |          |                        |
| _        | 0000011021101101  | SIXTIETH  |                    |          | SUBSCRIBER GRO |          |                        |
| 0        |                   | SIXTIETH  |                    | 0<br>0   | SUBSCRIBER GRO |          |                        |
| 0<br>DSE | CALL SIGN         | DSE       |                    |          | SUBSCRIBER GRO |          | IMUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | IMUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | /MUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | /MUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | IMUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | MMUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | MMUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | MMUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | MMUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | MMUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | OMMUNITY/ AREA         |
|          |                   | 1         |                    | 0        |                |          | MMUNITY/ AREA          |
|          |                   | 1         |                    | 0        |                |          | MMUNITY/ AREA          |
|          |                   | 1         | CALL SIGN          | 0        |                |          | DMMUNITY/ AREA         |
|          |                   | DSE       | CALL SIGN          | 0<br>DSE |                |          | DMMUNITY/ AREA         |
| DSE      | CALL SIGN         | DSE       | CALL SIGN          | 0<br>DSE | CALL SIGN      |          | CALL SIGN<br>CALL SIGN |

| EGAL NAME OF OWNER OF CA    |                   | E, INC.              |   |            |                  | SYSTEM ID#<br>62467 |  |  |
|-----------------------------|-------------------|----------------------|---|------------|------------------|---------------------|--|--|
|                             |                   |                      | П   |            |                  |                     |  |  |
| SIXTY-FIR                   | ST SUBSCRIBER GRO | OUP 0                | SI  |            | ) SUBSCRIBER GRO | UP<br>0             |  |  |
|                             |                   | <u> </u>             |   |            |                  | U                   |  |  |
| CALL SIGN DSE               | CALL SIGN         | DSE                  | CALL SIGN                                     | DSE        | CALL SIGN        | DSE                 |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
| otal DSEs                   |                   | 0.00                 | Total DSEs                                    |            |                  | 0.00                |  |  |
| oss Receipts First Group    | \$                | 0.00                 | Gross Receipts Sec                            | cond Group | \$               | 0.00                |  |  |
|                             |                   |                      |   |            |                  |                     |  |  |
| se Rate Fee First Group     | \$                | 0.00                 | Base Rate Fee Sec                             | ond Group  | \$               | 0.00                |  |  |
|                             | \$                |                      |   | •          | \$               |                     |  |  |
| SIXTY-THI                   | RD SUBSCRIBER GRO |                      |   | XTY-FOURTH | •                |                     |  |  |
| SIXTY-THI                   | RD SUBSCRIBER GRC | DUP<br>0             | SI<br>COMMUNITY/ ARE                          | XTY-FOURTH | •                | UP                  |  |  |
| SIXTY-THI                   | RD SUBSCRIBER GRC | DUP<br>0             | SI<br>COMMUNITY/ ARE                          | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI<br>MMUNITY/ AREA  | RD SUBSCRIBER GRC | DUP<br>0             | SI<br>COMMUNITY/ ARE                          | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI                   | RD SUBSCRIBER GRC | DUP<br>0             | COMMUNITY/ ARE                                | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI<br>MMUNITY/ AREA  | RD SUBSCRIBER GRC | DUP<br>0             | COMMUNITY/ ARE                                | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI<br>DMMUNITY/ AREA | RD SUBSCRIBER GRC | DUP<br>0             | COMMUNITY/ ARE                                | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI<br>MMUNITY/ AREA  | RD SUBSCRIBER GRC | DUP<br>0             | COMMUNITY/ ARE                                | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI                   | RD SUBSCRIBER GRC | DUP<br>0             | COMMUNITY/ ARE                                | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI<br>DMMUNITY/ AREA | RD SUBSCRIBER GRC | DUP<br>0             | COMMUNITY/ ARE                                | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI<br>DMMUNITY/ AREA | RD SUBSCRIBER GRC | DUP<br>0             | COMMUNITY/ ARE                                | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI<br>DMMUNITY/ AREA | RD SUBSCRIBER GRC | DUP<br>0             | COMMUNITY/ ARE                                | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI<br>DMMUNITY/ AREA | RD SUBSCRIBER GRC | DUP<br>0             | COMMUNITY/ ARE                                | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI<br>DMMUNITY/ AREA | RD SUBSCRIBER GRC | DUP<br>0             | COMMUNITY/ ARE                                | XTY-FOURTH | I SUBSCRIBER GRO | UP<br>0             |  |  |
| SIXTY-THI<br>OMMUNITY/ AREA | RD SUBSCRIBER GRC | DUP<br>0<br>DSE      | COMMUNITY/ ARE                                | A DSE      | I SUBSCRIBER GRO | UP<br>0<br>DSE      |  |  |
| OMMUNITY/ AREA              | RD SUBSCRIBER GRC | DUP<br>0<br>DSE<br>0 | COMMUNITY/ ARE<br>COMMUNITY/ ARE<br>CALL SIGN | A DSE      | I SUBSCRIBER GRO | UP<br>0<br>DSE      |  |  |

| SANTA ROSA TELEPHO   | NE COOPERATIV           | L, INC.                      |   |             |                  | 62467          |  |
|--|-------------------------|------------------------------|---|-------------|------------------|----------------|--|
|  | A: COMPUTATION (        |                              | П   |             |                  |                |  |
| SIXTY-FIF  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                |             | SUBSCRIBER GRO   |                |  |
|  |                         | U                            | COMMONT 17 ARE                                | A           | 0                |                |  |
| CALL SIGN DSE  | CALL SIGN               | DSE                          | CALL SIGN                                     | DSE         | CALL SIGN        | DSE            |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         |                              |   |             | =                |                |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         |                              |   |             |                  |                |  |
|  |                         | 0.00                         |   |             |                  | 0.00           |  |
| otal DSEs  |                         |                              | Total DSEs                                    |             |                  |                |  |
| oss Receipts First Group   | \$                      | 0.00                         | Gross Receipts Sec                            | ond Group   | \$               | 0.00           |  |
|  |                         |                              |   |             |                  |                |  |
| se Rate Fee First Group  | \$                      | 0.00                         | Base Rate Fee Sec                             | ond Group   | \$               | 0.00           |  |
| · · · · · · · · · · · · · · · · · · ·  | \$<br>TH SUBSCRIBER GRO |                              |   |             | \$               |                |  |
| SIXTY-SEVEN  | Ŀ                       |                              |   | IXTY-EIGHTH |                  |                |  |
| SIXTY-SEVEN  | Ŀ                       | DUP                          | S   | IXTY-EIGHTH |                  | UP             |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN  | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN DMMUNITY/ AREA CALL SIGN DSE   | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IXTY-EIGHTH | I SUBSCRIBER GRO | UP<br>0        |  |
| SIXTY-SEVEN OMMUNITY/ AREA CALL SIGN DSE autors and a second seco | TH SUBSCRIBER GRO       |                              | COMMUNITY/ ARE                                |             | I SUBSCRIBER GRO | UP<br>0<br>DSE |  |
| OMMUNITY/ AREA   | TH SUBSCRIBER GRO       | DUP<br>0<br>DSE<br>0<br>0.00 | COMMUNITY/ ARE<br>COMMUNITY/ ARE<br>CALL SIGN |             | I SUBSCRIBER GRO | UP<br>0<br>DSE |  |

| ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467          |  |  |
|--|------------------------------|--|--|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER   |                              |  |  |
| SIXTY-NINTH SUBSCRIBER GROUP SEVENTIETH SUBSCRIFT AVAILABLE SEVENTIETH SUBSCRIPTIETH S |                              |  |  |
|  | 0                            |  |  |
| SIGN DSE CALL SIGN DSE CALL SIGN DSE C/  | ALL SIGN DSE                 |  |  |
|  |                              |  |  |
|  |                              |  |  |
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|  |                              |  |  |
|  |                              |  |  |
|  |                              |  |  |
| Es 0.00 Total DSEs   | 0.00                         |  |  |
| eceipts First Group \$ 0.00 Gross Receipts Second Group \$   | 0.00                         |  |  |
|  |                              |  |  |
| te Fee First Group \$ 0.00 Base Rate Fee Second Group \$   | 0.00                         |  |  |
|  | 0.00                         |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBS   | SCRIBER GROUP                |  |  |
|  |                              |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBSCRIBER GROUP       NITY/ AREA     0  | SCRIBER GROUP                |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP     SEVENTY-SECOND SUBS       NITY/ AREA     0       SIGN     DSE       CALL SIGN     DSE       COMMUNITY/ AREA     CALL SIGN       DSE     CALL SIGN       DSE <td>SCRIBER GROUP 0 ALL SIGN DSE</td>   | SCRIBER GROUP 0 ALL SIGN DSE |  |  |
| SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-SECOND SUBS         NITY/ AREA       0       COMMUNITY/ AREA         SIGN       DSE       CALL SIGN       DSE       CALL SIGN         SIGN       DSE       CALL SIGN       DSE       C/         SIGN  | SCRIBER GROUP 0 ALL SIGN DSE |  |  |

|   | ONE COOPERATIV      | E, INC.    |                                       |                                 |                    | 62467 |  |  |
|---|---------------------|------------|---------------------------------------|---------------------------------|--------------------|-------|--|--|
|   |                     |            |                                       |                                 |                    |       |  |  |
| SEVENTY-IF                              | IIRD SUBSCRIBER GRO | <u>909</u> | SEVEN<br>COMMUNITY/ AREA              | SEVENTY-FOURTH SUBSCRIBER GROUP |                    |       |  |  |
|   |                     | Ŭ          |                                       |                                 |                    | 0     |  |  |
| CALL SIGN DS                            | E CALL SIGN         | DSE        | CALL SIGN                             | DSE                             | CALL SIGN          | DSE   |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
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|   |                     |            |                                       |                                 | n <mark>-</mark>   |       |  |  |
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|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
| tal DSEs                                |                     | 0.00       | Total DSEs                            |                                 |                    | 0.00  |  |  |
| ross Receipts First Group               | \$                  | 0.00       | Gross Receipts Seco                   | nd Group                        | \$                 | 0.00  |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
| se Rate Fee First Group                 | \$                  | 0.00       | Base Rate Fee Seco                    | nd Group                        | \$                 | 0.00  |  |  |
| SEVENTY-FI                              | FTH SUBSCRIBER GRO  | OUP        | SEV                                   | ENTY-SIXTH                      | SUBSCRIBER GRO     | UP    |  |  |
| DMMUNITY/ AREA                          |                     | 0          | COMMUNITY/ AREA                       |                                 |                    | 0     |  |  |
| ALL SIGN DS                             | E CALL SIGN         | DSE        | CALL SIGN                             | DSE                             | CALL SIGN          | DSE   |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 | n <mark>-</mark>   |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
|   |                     |            |                                       | <mark></mark>                   |                    |       |  |  |
|   |                     |            |                                       |                                 | n <mark>e</mark> - |       |  |  |
|   |                     |            | · · · · · · · · · · · · · · · · · · · |                                 |                    |       |  |  |
|   |                     |            |                                       |                                 |                    |       |  |  |
| otal DSEs                               |                     | 0.00       | Total DSEs                            |                                 |                    | 0.00  |  |  |
|   | s                   | 0.00       | Total DSEs<br>Gross Receipts Fourt    | th Group                        | s                  | 0.00  |  |  |
| otal DSEs<br>Gross Receipts Third Group |                     |            |                                       | th Group                        | s                  |       |  |  |
|   |                     |            |                                       | th Group                        | s                  |       |  |  |

| E OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM OSA TELEPHONE COOPERATIVE, INC. 62   | 52467    |  |  |
|---|----------|--|--|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  |          |  |  |
| SEVENTY-SEVENTH SUBSCRIBER GROUP SEVENTY-EIGHTH SUBSCRIBER GROUP  | •        |  |  |
| Y/ AREA O COMMUNITY/ AREA   | 0        |  |  |
| N DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN D   | DSE      |  |  |
|   |          |  |  |
|   |          |  |  |
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|   |          |  |  |
|   |          |  |  |
|   |          |  |  |
| 0.00 Total DSEs 0   | 0.00     |  |  |
| pts First Group <u>\$ 0.00</u> Gross Receipts Second Group <u>\$ 0</u>  | 0.00     |  |  |
|   | 0.00     |  |  |
| Group     \$     0.00       Base Rate Fee Second Group     \$   | 0.00     |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     Base Rate Fee Second Group     \$     0  | 0.00     |  |  |
|   | 0.00     |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | I        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA   | 0        |  |  |
| SEVENTY-NINTH SUBSCRIBER GROUP     EIGHTIETH SUBSCRIBER GROUP       Y/ AREA     0     COMMUNITY/ AREA       N     DSE     CALL SIGN     DSE     CALL SIGN     DSE       A     0     COMMUNITY/ AREA     0     CALL SIGN     DSE       A     0     CALL SIGN     DSE     CALL SIGN     DSE | 0<br>DSE |  |  |

| EGAL NAME OF OWNER OF CA                |                   | 'E, INC. |                                  |            |  | 8YSTEM ID#<br>62467 |  |
|---|-------------------|----------|----------------------------------|------------|--|---------------------|--|
|   |                   |          | 11                               |            |  |                     |  |
| EIGHTY-FIR<br>OMMUNITY/ AREA            | ST SUBSCRIBER GR  | <u>0</u> | EIG<br>COMMUNITY/ ARE            |            | ) SUBSCRIBER GRO                         | 0P<br>0             |  |
|   |                   | •        |                                  |            | U  |                     |  |
| CALL SIGN DSE                           | CALL SIGN         | DSE      | CALL SIGN                        | DSE        | CALL SIGN                                | DSE                 |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
| tal DSEs                                |                   | 0.00     | Total DSEs                       |            |  | 0.00                |  |
| oss Receipts First Group                | \$                | 0.00     | Gross Receipts Sec               | cond Group | \$                                       | 0.00                |  |
| se Rate Fee First Group                 | \$                | 0.00     | Base Rate Fee Sec                | cond Group | \$                                       | 0.00                |  |
| EIGHTY-THI                              | RD SUBSCRIBER GRO | OUP      | EIG                              | HTY-FOURTH | I SUBSCRIBER GRO                         | UP                  |  |
| MMUNITY/ AREA                           |                   | 0        |                                  | A          |  | 0                   |  |
| ALL SIGN DSE                            | CALL SIGN         | DSE      | CALL SIGN                        | DSE        | CALL SIGN                                | DSE                 |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            | n = 0.0000000000000000000000000000000000 |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
|   |                   |          |                                  |            |  |                     |  |
| tal DSEs                                |                   | 0.00     | Total DSEs                       |            |  | 0.00                |  |
| Dotal DSEs<br>ross Receipts Third Group | S                 | 0.00     | Total DSEs<br>Gross Receipts Fou | Irth Group |  | 0.00 0.00           |  |
|   | s                 |          |                                  | ·          | S  |                     |  |

|                          | NE COOPERATIV    | E, INC.  |                                  |           |                  | 62467 |  |
|--------------------------|------------------|----------|----------------------------------|-----------|------------------|-------|--|
|                          | A: COMPUTATION C |          |                                  |           |                  |       |  |
|                          | H SUBSCRIBER GRO | OUP<br>0 | 11                               |           | SUBSCRIBER GRO   |       |  |
| OMMUNITY/ AREA           |                  | U        | COMMUNITY/ ARE                   | A         | 0                |       |  |
| CALL SIGN DSE            | CALL SIGN        | DSE      | CALL SIGN                        | DSE       | CALL SIGN        | DSE   |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
| tal DSEs                 |                  | 0.00     | Total DSEs                       |           |                  | 0.00  |  |
| oss Receipts First Group | \$               | 0.00     | Gross Receipts Sec               | ond Group | \$               | 0.00  |  |
|                          |                  |          |                                  |           |                  |       |  |
| se Rate Fee First Group  | \$               | 0.00     | Base Rate Fee Sec                |           | \$               | 0.00  |  |
|                          | H SUBSCRIBER GRO |          | EIG<br>COMMUNITY/ ARE            |           | I SUBSCRIBER GRO |       |  |
| MMUNITY/ AREA            |                  | 0        |                                  | A         |                  | 0     |  |
|                          | CALL SIGN        | DSE      | CALL SIGN                        | DSE       | CALL SIGN        | DSE   |  |
| LL SIGN DSE              |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
| LL SIGN DSE              |                  |          |                                  |           |                  |       |  |
| ALL SIGN DSE             |                  |          |                                  |           |                  |       |  |
| ALL SIGN DSE             |                  |          |                                  |           |                  |       |  |
| ALL SIGN DSE             |                  |          |                                  |           |                  |       |  |
| ALL SIGN DSE             |                  |          |                                  |           |                  |       |  |
| ALL SIGN DSE             |                  |          |                                  |           |                  |       |  |
|                          |                  |          |                                  |           |                  |       |  |
| ALL SIGN DSE             |                  |          |                                  |           |                  |       |  |
| ALL SIGN DSE             |                  |          |                                  |           |                  |       |  |
|                          |                  | 0.00     | Total DSEs                       |           |                  | 0.00  |  |
| tal DSEs                 | <u>S</u>         | 0.00     | Total DSEs<br>Gross Receipts Fou | rth Group | S                | 0.00  |  |
| CALL SIGN DSE            |                  |          |                                  |           | S                |       |  |

| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP EICHTY-INITH SUBSCRIBER GROUP ONINTETH SUBSCRIBER GROUP CALL SIGN DSE CALL SI | ANTA KUSA TELEFHUN       | IE COOPERATIV    | E, INC.  |                    |           |                  | 8YSTEM ID#<br>62467 |  |
|--|--------------------------|------------------|----------|--------------------|-----------|------------------|---------------------|--|
| COMMUNITY/ AREA       O       COMMUNITY/ AREA       O         CALL SIGN       DSE       CALL SIGN       CALL SIGN       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       CALL SIGN<   |                          |                  |          | ATE FEES FOR EAC   |           |                  |                     |  |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call Sign       DSE       Call Sign       DSE       Call Sign       DSE       Call Sign       DSE         Call Sign       DSE       Call Sign       Call Sign       Call Sign       DSE       Call Sign       DSE         Call Sign       Call Sign       Call Sign       Call Sign       Call Sign       DSE       Call Sign  |                          | I SUBSCRIBER GRO |          |                    |           | I SUBSCRIBER GRO |                     |  |
| interpretation       interpretation       interpretation         interpretation       interpretation  |                          |                  | <u> </u> |                    |           | U                |                     |  |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       0       COMMUNITY/ AREA       0   | CALL SIGN DSE            | CALL SIGN        | DSE      | CALL SIGN          | DSE       | CALL SIGN        | DSE                 |  |
| s       0.00       Gross Receipts Second Group       \$       0.00         ase Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       O       COMMUNITY/ AREA       0  |                          |                  |          |                    |           |                  |                     |  |
| s       0.00       Gross Receipts Second Group       \$       0.00         ase Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       O       O       O         OMMUNITY/ AREA       0       COMMUNITY/ AREA       0       O   |                          |                  |          |                    |           |                  |                     |  |
| s       0.00       Gross Receipts Second Group       \$       0.00         ase Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       O       COMMUNITY/ AREA       0  |                          |                  |          |                    |           |                  |                     |  |
| s       0.00       Gross Receipts Second Group       \$       0.00         ase Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       O       COMMUNITY/ AREA       0  |                          |                  |          |                    |           |                  |                     |  |
| s       0.00       Gross Receipts Second Group       \$       0.00         se Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       0       COMMUNITY/ AREA       0   |                          |                  |          |                    |           |                  |                     |  |
| sss Receipts First Group       s       0.00       Gross Receipts Second Group       s       0.00         se Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       0         MMUNITY/ AREA       0       COMMUNITY/ AREA       0  |                          |                  |          |                    |           |                  |                     |  |
| sss Receipts First Group       s       0.00       Gross Receipts Second Group       s       0.00         se Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       0         MMUNITY/ AREA       0       COMMUNITY/ AREA       0  |                          |                  |          |                    |           |                  |                     |  |
| s       0.00       Gross Receipts Second Group       \$       0.00         se Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       0       COMMUNITY/ AREA       0   |                          |                  |          |                    |           |                  |                     |  |
| s       0.00       Gross Receipts Second Group       \$       0.00         se Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       0       COMMUNITY/ AREA       0   |                          |                  |          |                    |           |                  |                     |  |
| se Rate Fee First Group       s       0.00       Gross Receipts Second Group       s       0.00         se Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       O       COMMUNITY/ AREA       0  |                          |                  |          |                    |           |                  |                     |  |
| oss Receipts First Group       \$       0.00       Gross Receipts Second Group       \$       0.00         Ise Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         NINETY-FIRST SUBSCRIBER GROUP       NINETY-SECOND SUBSCRIBER GROUP       O       COMMUNITY/ AREA       0  |                          |                  |          |                    |           |                  |                     |  |
| Ise Rate Fee First Group     \$     0.00       NINETY-FIRST SUBSCRIBER GROUP     NINETY-SECOND SUBSCRIBER GROUP       DMMUNITY/ AREA     0   | tal DSEs                 |                  | 0.00     | Total DSEs         |           |                  | 0.00                |  |
| NINETY-FIRST SUBSCRIBER GROUP     NINETY-SECOND SUBSCRIBER GROUP       DMMUNITY/ AREA     0     COMMUNITY/ AREA     0  | oss Receipts First Group | \$               | 0.00     | Gross Receipts Sec | ond Group | \$               | 0.00                |  |
| NINETY-FIRST SUBSCRIBER GROUP     NINETY-SECOND SUBSCRIBER GROUP       DMMUNITY/ AREA     0     COMMUNITY/ AREA     0  |                          |                  |          |                    |           |                  |                     |  |
| MMUNITY/ AREA 0 COMMUNITY/ AREA 0  | se Rate Fee First Group  | \$               | 0.00     | Base Rate Fee Sec  | ond Group | \$               | 0.00                |  |
|  |                          | T SUBSCRIBER GRO |          | 11                 |           | SUBSCRIBER GRO   |                     |  |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       ALL SIGN       ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       ALL SIGN       ALL SIGN       ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       ALL SIGN <t< td=""><td>DMMUNITY/ AREA</td><td></td><td>U</td><td>COMMUNITY/ ARE</td><td>A</td><td></td><td>U</td></t<>   | DMMUNITY/ AREA           |                  | U        | COMMUNITY/ ARE     | A         |                  | U                   |  |
| Image: second                                | ALL SIGN DSE             | CALL SIGN        | DSE      | CALL SIGN          | DSE       | CALL SIGN        | DSE                 |  |
|  |                          |                  |          |                    |           |                  |                     |  |
|  |                          |                  |          |                    |           |                  |                     |  |
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|  |                          |                  |          |                    |           |                  |                     |  |
|  |                          |                  |          |                    |           |                  |                     |  |
| tal DSEs 0.00 Total DSEs 0.00  | tal DSEs                 |                  | 0.00     | Total DSEs         |           |                  | 0.00                |  |
| soss Receipts Third Group         \$         0.00         Gross Receipts Fourth Group         \$         0.00  | oss Receipts Third Group | \$               | 0.00     | Gross Receipts Fou | rth Group | \$               | 0.00                |  |
| ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  | ase Rate Fee Third Group | \$               | 0.00     | Base Rate Fee Fou  | rth Group | \$               | 0.00                |  |

| SANTA ROSA TELEPHO                    | NE COOPERATIV           | E, INC.                      |   |              |                  | 62467          |  |
|---------------------------------------|-------------------------|------------------------------|---|--------------|------------------|----------------|--|
|                                       | A: COMPUTATION (        |                              | П   |              |                  |                |  |
| NINETY-THI                            | RD SUBSCRIBER GRO       | DUP<br>0                     | NIN<br>COMMUNITY/ ARE                         |              | SUBSCRIBER GRO   | UP<br>0        |  |
|                                       |                         | -                            |   |              |                  |                |  |
| CALL SIGN DSE                         | CALL SIGN               | DSE                          | CALL SIGN                                     | DSE          | CALL SIGN        | DSE            |  |
|                                       |                         |                              |   |              |                  |                |  |
|                                       |                         |                              |   |              |                  |                |  |
|                                       |                         |                              |   |              |                  |                |  |
|                                       |                         |                              |   |              |                  |                |  |
|                                       |                         |                              |   |              |                  |                |  |
|                                       |                         |                              |   |              |                  |                |  |
|                                       |                         |                              |   |              |                  |                |  |
|                                       |                         |                              |   |              |                  |                |  |
|                                       |                         |                              |   |              |                  |                |  |
|                                       |                         |                              |   |              |                  |                |  |
|                                       |                         |                              |   |              |                  |                |  |
| tal DSEa                              |                         | 0.00                         |   |              |                  | 0.00           |  |
| otal DSEs                             |                         |                              | Total DSEs                                    |              |                  |                |  |
| oss Receipts First Group              | \$                      | 0.00                         | Gross Receipts Sec                            | ond Group    | \$               | 0.00           |  |
|                                       |                         |                              |   |              |                  |                |  |
| se Rate Fee First Group               | \$                      | 0.00                         | Base Rate Fee Sec                             | ond Group    | \$               | 0.00           |  |
| · · · · · · · · · · · · · · · · · · · | \$<br>TH SUBSCRIBER GRO |                              |   |              | \$               | J              |  |
| NINETY-FIF                            |                         |                              |   | INETY-SIXTH  | •                | J              |  |
| NINETY-FIF                            |                         | DUP                          | N   | INETY-SIXTH  | •                | UP             |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF                            | TH SUBSCRIBER GRO       | DUP<br>0                     | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0        |  |
| NINETY-FIF<br>DMMUNITY/ AREA          | TH SUBSCRIBER GRO       | DUP<br>0<br>DSE              | COMMUNITY/ ARE                                | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0<br>DSE |  |
| DMMUNITY/ AREA                        | TH SUBSCRIBER GRO       | DUP<br>0<br>DSE<br>0<br>0.00 | COMMUNITY/ ARE<br>COMMUNITY/ ARE<br>CALL SIGN | IINETY-SIXTH | I SUBSCRIBER GRO | UP<br>0<br>DSE |  |

| • | 62467 |                   |               |                                     | -    | E COOPERATIVE   | EPHONE         |  |  |
|---|-------|-------------------|---------------|-------------------------------------|------|-----------------|----------------|--|--|
|   |       |                   |               | TE FEES FOR EACH                    |      |                 |                |  |  |
| + |       | I SUBSCRIBER GROU | TY-EIGHTH     | ii                                  |      | SUBSCRIBER GROU | SEVENTH        |  |  |
|   | 0     |                   |               | COMMUNITY/ AREA                     | 0    |                 |                | OMMUNITY/ AREA   |  |
|   | DSE   | CALL SIGN         | DSE           | CALL SIGN                           | DSE  | CALL SIGN       | DSE            | CALL SIGN  |  |
|   |       |                   |               |                                     |      | -               |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   | <mark></mark> |                                     |      | -               |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
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|   |       |                   |               |                                     |      | -               |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      | -               |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
| _ | 0.00  |                   |               | Total DSEs                          | 0.00 |                 |                | tal DSEs   |  |
| _ | 0.00  | \$                | d Group       | Gross Receipts Secor                | 0.00 | \$              | roup           | oss Receipts First G                                       |  |
| 1 | 0.00  | \$                | d Group       | Base Rate Fee Secor                 | 0.00 | \$              | roup           | <b>se Rate Fee</b> First G                                 |  |
|   |       |                   |               |                                     |      | <u> </u>        | -              |  |  |
|   |       | SUBSCRIBER GROU   | JNDREDTH      |                                     |      | SUBSCRIBER GROU | TY-NINTH       |  |  |
|   | 0     |                   |               | COMMUNITY/ AREA                     | 0    |                 | OMMUNITY/ AREA |  |  |
|   | DSE   | CALL SIGN         | DSE           | CALL SIGN                           | DSE  | CALL SIGN       | DSE            | ALL SIGN   |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   | •••           |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   |       |                   |               |                                     |      |                 |                |  |  |
|   | 0.00  |                   |               | Total DSEs                          | 0.00 |                 |                | al DSEs  |  |
|   | 0.00  | S                 | Group         | Total DSEs<br>Gross Receipts Fourth | 0.00 | s               | Group          |  |  |
|   |       | S                 |               |                                     |      |                 | ·              | otal DSEs<br>ross Receipts Third C<br>ase Rate Fee Third C |  |

| EM ID#<br>62467 |     |                |          |                                     | , INC. | E COOPERATIVE   | R OF CABLE |                                 |
|-----------------|-----|----------------|----------|-------------------------------------|--------|-----------------|------------|---------------------------------|
|                 |     | BER GROUP      | SUBSCR   | TE FEES FOR EACH                    |        |                 |            |                                 |
|                 | OUP | SUBSCRIBER GRO | D SECOND |                                     |        | SUBSCRIBER GROU | ED FIRST   |                                 |
| 0               |     |                |          | COMMUNITY/ AREA                     | 0      |                 |            | OMMUNITY/ AREA                  |
| DSE             |     | CALL SIGN      | DSE      | CALL SIGN                           | DSE    | CALL SIGN       | DSE        | CALL SIGN                       |
|                 |     | -              |          |                                     |        |                 |            |                                 |
|                 |     |                |          |                                     |        | -               |            |                                 |
|                 |     | -              |          |                                     |        |                 |            |                                 |
|                 |     |                |          |                                     |        | -               |            |                                 |
|                 |     | -              |          |                                     |        | -               |            |                                 |
|                 |     |                |          |                                     |        |                 |            |                                 |
|                 |     |                |          |                                     |        |                 |            |                                 |
|                 |     | -              |          |                                     |        |                 |            |                                 |
|                 |     | -              |          |                                     |        |                 |            |                                 |
|                 |     |                |          |                                     |        | -               |            |                                 |
|                 |     |                |          |                                     |        | 1               |            |                                 |
|                 |     |                |          |                                     |        |                 |            |                                 |
|                 |     |                |          |                                     |        |                 |            |                                 |
| 0.00            |     |                |          | Total DSEs                          | 0.00   |                 |            | al DSEs                         |
| 0.00            |     | \$             | d Group  | Gross Receipts Secor                | 0.00   | \$              | roup       | oss Receipts First G            |
| 0.00            |     | \$             | d Group  | Base Rate Fee Secor                 | 0.00   | \$              | roup       | e Rate Fee First G              |
|                 | DUP | SUBSCRIBER GRO | D FOURTH | ONE HUNDRE                          | JP     | SUBSCRIBER GROU | ED THIRD   | ONE HUNDR                       |
| 0               |     |                |          | COMMUNITY/ AREA                     | 0      |                 |            | MMUNITY/ AREA                   |
| DSE             |     | CALL SIGN      | DSE      | CALL SIGN                           | DSE    | CALL SIGN       | DSE        | LL SIGN                         |
|                 |     |                |          |                                     |        |                 |            |                                 |
|                 |     |                |          |                                     |        |                 |            |                                 |
|                 |     |                |          |                                     |        | -               |            |                                 |
|                 |     |                |          |                                     |        | -               |            |                                 |
|                 |     |                |          |                                     |        |                 |            |                                 |
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|                 |     |                |          |                                     |        |                 |            |                                 |
|                 |     |                |          |                                     |        |                 |            |                                 |
|                 |     |                |          |                                     |        |                 |            |                                 |
|                 |     |                |          |                                     |        |                 |            |                                 |
| 0.00            |     |                |          | Total DSEs                          | 0.00   |                 |            | al DSEs                         |
| 0.00            |     | S              | Group    | Total DSEs<br>Gross Receipts Fourth | 0.00   | s               | inoup      | al DSEs<br>pss Receipts Third G |
|                 |     | S              | Group    |                                     |        | s               | iroup      |                                 |

| 67 | 62467  |                |           |   | =, INC. | E COOPERATIVI  | R OF CABLE | ANTA ROSA TEL         |
|----|--------|----------------|-----------|---|---------|----------------|------------|-----------------------|
|    |        |                |           | TE FEES FOR EAC                         |         |                |            |                       |
| -  |        | SUBSCRIBER GRO |           | 1                                       |         | SUBSCRIBER GRO | ED FIFTH   |                       |
| 0  | 0      |                |           | COMMUNITY/ AREA                         | 0       |                |            | OMMUNITY/ AREA        |
|    | DSE    | CALL SIGN      | DSE       | CALL SIGN                               | DSE     | CALL SIGN      | DSE        | CALL SIGN             |
|    |        |                |           |   |         |                |            |                       |
|    |        |                |           |   |         |                |            |                       |
|    |        |                |           |   |         | -              |            |                       |
|    |        |                |           |   |         |                |            |                       |
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|    |        |                |           |   |         |                |            |                       |
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|    | •••••• | •              |           |   |         |                |            |                       |
|    |        |                |           |   |         |                |            |                       |
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|    |        |                |           |   |         |                |            |                       |
|    |        |                |           |   |         |                |            |                       |
|    |        |                |           |   |         |                |            |                       |
| -  | 0.00   |                |           | Total DSEs                              | 0.00    |                |            | tal DSEs              |
| )  | 0.00   | \$             | nd Group  | Gross Receipts Seco                     | 0.00    | \$             | oup        | oss Receipts First Gr |
| )  | 0.00   | \$             | nd Group  | Base Rate Fee Seco                      | 0.00    | \$             | oup        | se Rate Fee First Gr  |
|    | JP     | SUBSCRIBER GRO | ED EIGHTH | ONE HUNDI                               | UP      | SUBSCRIBER GRO | SEVENTH    | ONE HUNDRED           |
| 0  | 0      |                |           | 000000000000000000000000000000000000000 | 0       |                |            | MMUNITY/ AREA         |
|    |        |                |           | COMMUNITY/ AREA                         |         |                |            |                       |
|    | DSE    | CALL SIGN      | DSE       | COMMUNITY/ AREA                         | DSE     | CALL SIGN      | DSE        | LL SIGN               |
|    | DSE    | CALL SIGN      | DSE       |   | DSE     | CALL SIGN      | DSE        | LL SIGN               |
|    | DSE    | CALL SIGN      | DSE       |   | DSE     | CALL SIGN      | DSE        | LL SIGN               |
|    | DSE    | CALL SIGN      | DSE       |   | DSE     | CALL SIGN      | DSE        | LL SIGN               |
|    | DSE    | CALL SIGN      | DSE       |   | DSE     | CALL SIGN      | DSE        | LL SIGN               |
|    | DSE    | CALL SIGN      | DSE       |   | DSE     | CALL SIGN      | DSE        | ALL SIGN              |
|    | DSE    | CALL SIGN      | DSE       |   | DSE     | CALL SIGN      | DSE        | ALL SIGN              |
|    |        | CALL SIGN      | DSE       |   | DSE     | CALL SIGN      | DSE        | ALL SIGN              |
|    |        | CALL SIGN      |           |   | DSE     | CALL SIGN      | DSE        | ALL SIGN              |
|    |        | CALL SIGN      |           |   | DSE     | CALL SIGN      | DSE        | ALL SIGN              |
|    |        | CALL SIGN      |           |   | DSE     | CALL SIGN      | DSE        | ALL SIGN              |
|    |        | CALL SIGN      |           |   |         | CALL SIGN      | DSE        | ALL SIGN              |
|    |        | CALL SIGN      |           |   | DSE     | CALL SIGN      | DSE        | ALL SIGN              |
|    | DSE    | CALL SIGN      |           |   | 0.00    | CALL SIGN      | DSE        |                       |
|    |        | S              |           | CALL SIGN                               |         | CALL SIGN      |            | al DSEs               |
|    | 0.00   |                |           | CALL SIGN                               | 0.00    |                |            | CALL SIGN             |

| ANTA ROSA TELEPHO                    | NE COOPERATIV     | · ·                          |  |            |                  | 62467               |
|--------------------------------------|-------------------|------------------------------|--|------------|------------------|---------------------|
| BLOCK                                | A: COMPUTATION (  | OF BASE RA                   | ATE FEES FOR EAC                           | CH SUBSCR  | RIBER GROUP      |                     |
| ONE HUNDRED NIN                      | TH SUBSCRIBER GRO |                              |  |            | SUBSCRIBER GRO   |                     |
| OMMUNITY/ AREA                       |                   | 0                            | COMMUNITY/ ARE/                            | 4          |                  | 0                   |
| CALL SIGN DSE                        | CALL SIGN         | DSE                          | CALL SIGN                                  | DSE        | CALL SIGN        | DSE                 |
|                                      |                   |                              |  |            |                  |                     |
|                                      |                   |                              |  |            |                  |                     |
|                                      |                   |                              |  |            |                  |                     |
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|                                      |                   |                              |  |            |                  |                     |
|                                      |                   |                              |  |            |                  |                     |
| al DSEs                              |                   | 0.00                         | Total DSEs                                 |            |                  | 0.00                |
| ss Receipts First Group              | \$                | 0.00                         | Gross Receipts Sec                         | ond Group  | \$               | 0.00                |
|                                      |                   |                              |  |            |                  |                     |
| se Rate Fee First Group              | \$                | 0.00                         | Base Rate Fee Sec                          | ond Group  | \$               | 0.00                |
| -                                    |                   |                              |  |            |                  |                     |
| ONE HUNDRED ELEVEN                   |                   |                              |  | ED TWELVTH | \$               |                     |
| DNE HUNDRED ELEVEN                   |                   | OUP                          | ONE HUNDRE                                 | ED TWELVTH |                  | UP                  |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| DNE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN                   | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN<br>MMUNITY/ AREA  | TH SUBSCRIBER GRO | DUP<br>0                     | ONE HUNDRE                                 | ED TWELVTH | I SUBSCRIBER GRO | UP 0                |
| ONE HUNDRED ELEVEN<br>DMMUNITY/ AREA | TH SUBSCRIBER GRO |                              | ONE HUNDRE<br>COMMUNITY/ ARE/<br>CALL SIGN |            | I SUBSCRIBER GRO | UP<br>0<br>DSE      |
| DMMUNITY/ AREA                       | TH SUBSCRIBER GRO | DUP<br>0<br>DSE<br>0<br>0.00 | ONE HUNDRE<br>COMMUNITY/ ARE/<br>CALL SIGN | ED TWELVTH | I SUBSCRIBER GRO | UP<br>0<br>DSE<br>0 |

| N          | 62467   |                 |          |  |                |                       | EPHONE  |  |
|------------|---|-----------------|----------|--|----------------|-----------------------|---------|--|
|            |   |                 |          | TE FEES FOR EAC                                      |                |                       |         |  |
|            | JP<br>0   | SUBSCRIBER GROU | JRTEENTH |  | IP<br>0        | SUBSCRIBER GROU       | RTEENTH | ONE HUNDRED THI  |
| Com        | U   |                 |          | COMMUNITY/ AREA                                      | U              |                       |         | JOMMUNITY/ AREA  |
|            | DSE   | CALL SIGN       | DSE      | CALL SIGN  | DSE            | CALL SIGN             | DSE     | CALL SIGN  |
| Base       |   |                 |          |  |                | -                     |         |  |
| 0          |   |                 |          |  |                | -                     |         |  |
| Syn<br>Exc |   |                 |          |  |                | -                     |         |  |
| Sur        |   |                 |          |  |                | -                     |         |  |
| ł          |   |                 |          |  |                |                       |         |  |
| Par        |   |                 |          |  |                | -                     |         |  |
| Dis        |   |                 |          |  |                | -                     |         |  |
| Sta        |   |                 |          |  |                | -                     |         |  |
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|            |   |                 |          |  |                |                       |         |  |
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|            |   |                 |          |  |                |                       |         |  |
|            |   |                 |          |  |                |                       |         |  |
|            | 0.00  |                 |          | Total DSEs   | 0.00           |                       |         | otal DSEs  |
|            |   | ¢               | d Craun  | Gross Receipts Seco                                  | 0.00           | \$                    | oup     | oross Receipts First Gr  |
|            | 0.00  | \$              | a Group  |  |                |                       | •       |  |
|            | 0.00  | ۶<br>\$         |          | Base Rate Fee Seco                                   | 0.00           | \$                    |         |  |
|            | 0.00  | \$              | d Group  | Base Rate Fee Seco                                   |                |                       | oup     | ase Rate Fee First Gr  |
|            | 0.00  |                 | d Group  | Base Rate Fee Seco                                   |                | \$<br>SUBSCRIBER GROU | oup     | ase Rate Fee First Gr  |
|            | <b>0.00</b><br>JP   | \$              | d Group  | Base Rate Fee Seco                                   | P              |                       | oup     | ONE HUNDRED FI   |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ase Rate Fee First Gr<br>ONE HUNDRED FI                                  |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ONE HUNDRED FI   |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ase Rate Fee First Gr<br>ONE HUNDRED FI                                  |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ase Rate Fee First Gr<br>ONE HUNDRED FI<br>OMMUNITY/ AREA                |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ase Rate Fee First Gr<br>ONE HUNDRED FI                                  |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ase Rate Fee First Gr<br>ONE HUNDRED FI<br>OMMUNITY/ AREA                |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ase Rate Fee First Gr<br>ONE HUNDRED FI<br>OMMUNITY/ AREA                |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ase Rate Fee First Gr<br>ONE HUNDRED FI<br>OMMUNITY/ AREA                |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ase Rate Fee First Gr<br>ONE HUNDRED FI<br>OMMUNITY/ AREA                |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | CONE HUNDRED FI  |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ONE HUNDRED FI   |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | ONE HUNDRED FI   |
|            | 0.00<br>JP<br>0   | \$              | d Group  | Base Rate Fee Seco<br>ONE HUNDRED<br>COMMUNITY/ AREA | IP<br>0        | SUBSCRIBER GROU       | oup     | Base Rate Fee First Gr<br>ONE HUNDRED FI<br>COMMUNITY/ AREA<br>CALL SIGN |
|            | 0.00  | \$              | d Group  | Base Rate Fee Seco                                   | IP<br>0<br>DSE | SUBSCRIBER GROU       | oup     | CALL SIGN  |
|            | 0.00<br>JP<br>0<br>DSE<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | SUBSCRIBER GROU | d Group  | Base Rate Fee Seco                                   | DSE            | SUBSCRIBER GROU       | oup     | Base Rate Fee First Gr<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |

| EGAL NAME OF OWNER OF CA                |                    | E, INC.                      |   |  |                    | SYSTEM ID#<br>62467  |
|---|--------------------|------------------------------|---|--|--------------------|----------------------|
|   | A: COMPUTATION C   |                              |   |  |                    |                      |
| ONE HUNDRED SEVENTEEN<br>OMMUNITY/ AREA | TH SUBSCRIBER GROU | IP<br>0                      | ONE HUNDRED   |  | H SUBSCRIBER GROUI | P<br>0               |
|   |                    | •                            |   | `````````````````````````````````````` |                    | •                    |
| CALL SIGN DSE                           | CALL SIGN          | DSE                          | CALL SIGN   | DSE                                    | CALL SIGN          | DSE                  |
|   |                    |                              |   |  |                    |                      |
|   |                    |                              |   |  |                    |                      |
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|   |                    |                              |   |  |                    |                      |
|   |                    |                              |   |  |                    |                      |
|   |                    |                              |   |  |                    |                      |
| al DSEs                                 |                    | 0.00                         | Total DSEs  |  |                    | 0.00                 |
| oss Receipts First Group                | \$                 | 0.00                         | Gross Receipts Seco   | ond Group                              | \$                 | 0.00                 |
|   |                    | 1                            |   |  |                    | ]                    |
|   |                    |                              |   |  |                    |                      |
| -                                       | \$                 | 0.00                         | Base Rate Fee Seco  |  | \$                 | 0.00                 |
| ONE HUNDRED NINTEEN                     |                    | DUP                          | ONE HUNDRED   | TWENTIETH                              | \$                 | UP                   |
| NE HUNDRED NINTEEN                      |                    |                              |   | TWENTIETH                              |                    | I                    |
| INE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP                          | ONE HUNDRED   | TWENTIETH                              |                    | UP                   |
| INE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| DNE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| INE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| NE HUNDRED NINTEEN                      | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| ONE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| ONE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| INE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| ONE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| ONE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| ONE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| ONE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| ONE HUNDRED NINTEEN                     | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| ONE HUNDRED NINTEEN<br>MMUNITY/ AREA    | TH SUBSCRIBER GRO  | DUP<br>0                     | ONE HUNDRED   |  | I SUBSCRIBER GRO   | 0<br>0               |
| ASSE RATE Fee First Group               | TH SUBSCRIBER GRO  |                              | ONE HUNDRED         COMMUNITY/ AREA         CALL SIGN   |  | I SUBSCRIBER GRO   | DUP<br>0<br>DSE      |
| ONE HUNDRED NINTEEN<br>OMMUNITY/ AREA   | TH SUBSCRIBER GRC  | DUP<br>0<br>DSE<br>0<br>0.00 | ONE HUNDRED         COMMUNITY/ AREA         CALL SIGN         CALL SIGN         Image: Community of the second s | TWENTIETH                              | I SUBSCRIBER GRO   | DUP<br>0<br>DSE<br>0 |

| LEGAL NAME OF OWN                                  |             |                  | E, INC.      |                       |            | 5                  | 62467 SYSTEM | Name                  |
|--|-------------|------------------|--------------|-----------------------|------------|--------------------|--------------|-----------------------|
|  |             |                  |              | ATE FEES FOR EAC      |            |                    |              |                       |
|  |             | SUBSCRIBER GROUI |              | 11                    |            | D SUBSCRIBER GROUP | -<br>0       | 9                     |
| COMMUNITY/ AREA                                    |             |                  | 0            | COMMUNITY/ ARE/       | 4          |                    | U            | Computat              |
| CALL SIGN  | DSE         | CALL SIGN        | DSE          | CALL SIGN             | DSE        | CALL SIGN          | DSE          | of                    |
|  |             |                  |              |                       |            |                    |              | Base Rate             |
|  |             |                  |              |                       |            |                    |              | and                   |
|  |             | -                |              |                       |            |                    |              | Syndicat<br>Exclusivi |
|  |             | -                |              |                       |            |                    |              | Surcharg              |
|  |             | -                |              |                       |            |                    |              | for                   |
|  |             |                  |              |                       |            |                    |              | Partially             |
|  |             |                  |              |                       |            |                    |              | Distant<br>Stations   |
|  |             |                  |              |                       |            |                    |              | Stations              |
|  |             |                  |              |                       |            |                    |              |                       |
|  |             |                  |              |                       |            |                    |              |                       |
|  |             |                  |              |                       |            |                    |              |                       |
|  |             |                  |              |                       |            |                    |              |                       |
| otal DSEs  |             |                  | 0.00         | Total DSEs            |            |                    | 0.00         |                       |
|  | 0           |                  |              |                       |            | •                  | 0.00         |                       |
| Gross Receipts First                               | Group       | \$               | 0.00         | Gross Receipts Sec    | ona Group  | \$                 | 0.00         |                       |
| Base Rate Fee First                                | Group       | \$               | 0.00         | Base Rate Fee Sec     | ond Group  | \$                 | 0.00         |                       |
| ONE HUNDRED TW                                     | /ENTY-THIRD | SUBSCRIBER GROUI | 5            | ONE HUNDRED TWE       | NTY-FOURTH | H SUBSCRIBER GROUP | >            |                       |
| COMMUNITY/ AREA                                    |             |                  | 0            | COMMUNITY/ ARE/       | A          |                    | 0            |                       |
| CALL SIGN  | DSE         | CALL SIGN        | DSE          | CALL SIGN             | DSE        | CALL SIGN          | DSE          |                       |
|  |             |                  |              |                       |            |                    |              |                       |
|  |             |                  |              |                       |            |                    |              |                       |
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|  |             |                  |              |                       |            |                    |              |                       |
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|  |             |                  |              |                       |            |                    |              |                       |
|  |             |                  |              |                       |            |                    |              |                       |
|  |             |                  |              |                       |            |                    |              |                       |
|  |             |                  |              |                       |            |                    |              |                       |
| otal DSEs  |             |                  | 0.00         | Total DSEs            |            |                    | 0.00         |                       |
| Gross Receipts Third                               | I Group     | \$               | 0.00         | Gross Receipts Four   | th Group   | \$                 | 0.00         |                       |
| Base Rate Fee Third                                | Group       | ¢                | 0.00         | Base Rate Fee Four    | th Group   | ¢                  | 0.00         |                       |
|  |             | Ψ                | 0.00         |                       |            | \$                 | 0.00         |                       |
| <b>Base Rate Fee:</b> Add<br>Enter here and in blo |             |                  | criber group | as shown in the boxes | above.     | \$                 |              |                       |

| GAL NAME OF OWNER OF CABL<br>ANTA ROSA TELEPHON  |                        | E, INC.                            |  |             |                    | 62467                |
|--|------------------------|------------------------------------|--|-------------|--------------------|----------------------|
| BLOCK A:   | COMPUTATION O          | F BASE RA                          | ATE FEES FOR EAC   | H SUBSCR    | IBER GROUP         |                      |
| ONE HUNDRED TWENTY-FIFTH   | SUBSCRIBER GROUP       |                                    |  |             | SUBSCRIBER GROUP   |                      |
| OMMUNITY/ AREA   |                        | 0                                  | COMMUNITY/ AREA  | A           |                    | 0                    |
| CALL SIGN DSE  | CALL SIGN              | DSE                                | CALL SIGN  | DSE         | CALL SIGN          | DSE                  |
|  | -                      |                                    |  |             |                    |                      |
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|  |                        |                                    |  |             |                    |                      |
|  |                        |                                    |  |             |                    |                      |
| al DSEs  |                        | 0.00                               | Total DSEs   |             |                    | 0.00                 |
|  | \$                     | 0.00                               | Gross Receipts Seco  | ond Group   | \$                 | 0.00                 |
| oss Receipts First Group   | . <u> </u>             |                                    |  |             |                    |                      |
| ss Receipts First Group  |                        |                                    |  |             |                    |                      |
|  | \$                     | 0.00                               | Base Rate Fee Seco   | ond Group   | \$                 | 0.00                 |
| e Rate Fee First Group   | \$                     |                                    |  |             | \$                 | I                    |
| Rate Fee First Group   | \$                     |                                    |  | ENTY-EIGHTH |                    | I                    |
| Rate Fee First Group<br>UNDRED TWENTY-SEVENTH<br>MUNITY/ AREA  | \$                     | 5                                  | ONE HUNDRED TW   | ENTY-EIGHTH |                    |                      |
| Rate Fee First Group   | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| e Rate Fee First Group<br>HUNDRED TWENTY-SEVENTH<br>IMUNITY/ AREA  | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| e Rate Fee First Group<br>HUNDRED TWENTY-SEVENTH<br>IMUNITY/ AREA  | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| e Rate Fee First Group<br>HUNDRED TWENTY-SEVENTH<br>IMUNITY/ AREA  | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| e Rate Fee First Group<br>HUNDRED TWENTY-SEVENTH<br>/MUNITY/ AREA  | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| HUNDRED TWENTY-SEVENTH   | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| e Rate Fee First Group<br>HUNDRED TWENTY-SEVENTH<br>//MUNITY/ AREA   | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| e Rate Fee First Group<br>HUNDRED TWENTY-SEVENTH<br>MMUNITY/ AREA  | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| e Rate Fee First Group<br>HUNDRED TWENTY-SEVENTH<br>MMUNITY/ AREA  | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| ee Rate Fee First Group<br>HUNDRED TWENTY-SEVENTH<br>MMUNITY/ AREA   | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| se Rate Fee First Group<br>HUNDRED TWENTY-SEVENTH<br>MMUNITY/ AREA   | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| Be Rate Fee First Group<br>HUNDRED TWENTY-SEVENTH<br>MMUNITY/ AREA   | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| SE Rate Fee First Group  | \$<br>SUBSCRIBER GROUF | )<br>0                             | ONE HUNDRED TWI  | ENTY-EIGHTH | I SUBSCRIBER GROUF | D<br>D               |
| se Rate Fee First Group  | \$<br>SUBSCRIBER GROUF | > 0<br>DSE                         | ONE HUNDRED TWI         COMMUNITY/ AREA         CALL SIGN                                      |             | I SUBSCRIBER GROUF |                      |
| ASS Receipts First Group  ASS Rate Fee First Group  E HUNDRED TWENTY-SEVENTH DMMUNITY/ AREA  CALL SIGN DSE CALL SIGN SCHOOL SIGN SCHOO | SUBSCRIBER GROUF       | 0<br>0<br>0<br>0<br>0<br>0<br>0.00 | ONE HUNDRED TWI         COMMUNITY/ AREA         CALL SIGN         CALL SIGN         Total DSEs |             | CALL SIGN          | 0<br>0<br>0<br>0<br> |

| 467       | 6246 |                    |             |                              | E, INC.   |                 | EPHONE    | SANTA ROSA TEL              |
|-----------|------|--------------------|-------------|------------------------------|-----------|-----------------|-----------|-----------------------------|
|           |      | IBER GROUP         | SUBSCR      | TE FEES FOR EAC              | F BASE RA | COMPUTATION (   | LOCK A: ( | В                           |
|           |      | SUBSCRIBER GROUP   | D THIRTIETH |                              |           | SUBSCRIBER GROU | ITY-NINTH | ONE HUNDRED TWE             |
| 0         | (    |                    |             | COMMUNITY/ AREA              | 0         |                 |           | COMMUNITY/ AREA             |
| SE        | DSE  | CALL SIGN          | DSE         | CALL SIGN                    | DSE       | CALL SIGN       | DSE       | CALL SIGN                   |
|           |      |                    |             |                              |           |                 |           |                             |
|           |      |                    |             |                              |           |                 |           |                             |
|           |      |                    |             |                              |           |                 |           |                             |
|           |      |                    |             |                              |           |                 |           |                             |
|           |      |                    |             |                              |           |                 |           |                             |
|           |      |                    |             |                              |           |                 |           |                             |
|           |      |                    |             |                              |           | -               |           |                             |
|           |      |                    |             |                              |           | -               |           |                             |
|           |      |                    |             |                              |           |                 |           |                             |
|           |      |                    |             |                              |           |                 |           |                             |
|           |      |                    |             |                              |           |                 |           |                             |
|           |      |                    |             |                              |           |                 |           |                             |
|           |      |                    |             |                              |           |                 |           |                             |
| 00        | 0.00 |                    |             | Total DSEs                   | 0.00      |                 |           | al DSEs                     |
| 00        | 0.00 | \$                 | nd Group    | Gross Receipts Seco          | 0.00      | \$              | oup       | oss Receipts First Gr       |
| 00        | 0.00 | \$                 | nd Group    | Base Rate Fee Seco           | 0.00      | \$              | oup       | <b>se Rate Fee</b> First Gr |
|           | )    | D SUBSCRIBER GROUP | TY-SECOND   |                              | P         | SUBSCRIBER GROU | RTY-FIRST | ONE HUNDRED THI             |
| 0         |      |                    |             | ONE HUNDRED THI              |           |                 |           |                             |
|           | (    |                    |             | COMMUNITY/ AREA              | 0         |                 |           | /MUNITY/ AREA               |
| SE        | DSE  | CALL SIGN          | DSE         |                              |           | CALL SIGN       | DSE       |                             |
| SE        |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| SE        |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| SE        |      |                    | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| <u>SE</u> |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| SE        |      |                    | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| SE        |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| SE        |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| SE        |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| SE        |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| SE        |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| SE        |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
| SE        |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         |                             |
|           |      | CALL SIGN          | 1           | COMMUNITY/ AREA              | 0         |                 | 1         | ALL SIGN                    |
|           |      | S                  | DSE         | COMMUNITY/ AREA<br>CALL SIGN | 0<br>DSE  |                 | DSE       | CALL SIGN                   |
|           | DSE  |                    | DSE         | COMMUNITY/ AREA<br>CALL SIGN | 0<br>DSE  | CALL SIGN       | DSE       | DMMUNITY/ AREA              |

|  | ABLE SYSTEM:<br>DNE COOPERATIV | E, INC.    |                                  |             | :                | 62467 |
|--|--------------------------------|------------|----------------------------------|-------------|------------------|-------|
| BLOCK                                  | A: COMPUTATION (               | OF BASE RA | ATE FEES FOR EAG                 | CH SUBSCR   | IBER GROUP       |       |
| ONE HUNDRED THIRTY-THI                 | RD SUBSCRIBER GROU             |            | 11                               |             | SUBSCRIBER GROUP |       |
| OMMUNITY/ AREA                         |                                | 0          | COMMUNITY/ ARE                   | A           |                  | 0     |
| CALL SIGN DSE                          | CALL SIGN                      | DSE        | CALL SIGN                        | DSE         | CALL SIGN        | DSE   |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                | _          |                                  |             |                  |       |
| tal DSEs                               |                                | 0.00       | Total DSEs                       |             |                  | 0.00  |
| oss Receipts First Group               | \$                             | 0.00       | Gross Receipts Sec               | ond Group   | \$               | 0.00  |
| se Rate Fee First Group                | \$                             | 0.00       | Base Rate Fee Sec                | ond Group   | \$               | 0.00  |
| NE HUNDRED THIRTY-FIF                  | TH SUBSCRIBER GRO              | OUP        | ONE HUNDRED T                    | HIRTY-SIXTH | I SUBSCRIBER GRO | UP    |
| MMUNITY/ AREA                          |                                | 0          | COMMUNITY/ ARE                   | A           |                  | 0     |
| ALL SIGN DSE                           | CALL SIGN                      | DSE        | CALL SIGN                        | DSE         | CALL SIGN        | DSE   |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
|  |                                |            |                                  |             |                  |       |
| al DSEs                                |                                | 0.00       | Total DSEs                       |             |                  | 0.00  |
|  | s                              | 0.00       | Total DSEs<br>Gross Receipts Fou | rth Group   | s                | 0.00  |
| otal DSEs<br>ross Receipts Third Group |                                |            |                                  | rth Group   |                  |       |

| EGAL NAME OF OWNER OF CA  |                         | E, INC.          |                                       |  |                   | 62467          |
|---|-------------------------|------------------|---------------------------------------|--|-------------------|----------------|
|   |                         |                  | ATE FEES FOR EAC                      |  |                   |                |
| <u>NE HUNDRED THIRTY-SEVEN</u><br>OMMUNITY/ AREA  | ITH SUBSCRIBER GROU     | JP<br>0          | ONE HUNDRED TH                        |  | H SUBSCRIBER GROU | <u> </u>       |
|   |                         | Ŭ                |                                       | `````````````````````````````````````` |                   | v              |
| CALL SIGN DSE   | CALL SIGN               | DSE              | CALL SIGN                             | DSE                                    | CALL SIGN         | DSE            |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
|   |                         |                  |                                       |  |                   |                |
| tal DSEs  |                         | 0.00             | Total DSEs                            |  |                   | 0.00           |
|   | ¢                       | 0.00             | Gross Receipts Seco                   | ond Group                              | \$                | 0.00           |
| oss Receipts First Group  | \$                      |                  |                                       |  |                   |                |
|   | \$                      | 0.00             | Base Rate Fee Seco                    | ond Group                              | \$                | 0.00           |
| se Rate Fee First Group   | \$                      | 0.00             |                                       |  | \$                |                |
| e Rate Fee First Group<br>E HUNDRED THIRTY-NIN  | \$                      | 0.00             |                                       | D FORTIETH                             |                   |                |
| e Rate Fee First Group<br>E HUNDRED THIRTY-NIN<br>IMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | <b>0.00</b>      | ONE HUNDREI                           | D FORTIETH                             |                   | UP             |
| e Rate Fee First Group<br>E HUNDRED THIRTY-NIN<br>/MUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| e Rate Fee First Group<br>E HUNDRED THIRTY-NIN<br>IMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| e Rate Fee First Group<br>E HUNDRED THIRTY-NIN<br>IMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| e Rate Fee First Group<br>E HUNDRED THIRTY-NIN<br>MMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| se Rate Fee First Group<br>NE HUNDRED THIRTY-NIN<br>MMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| se Rate Fee First Group<br>IE HUNDRED THIRTY-NIN<br>MMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| se Rate Fee First Group<br>IE HUNDRED THIRTY-NIN<br>MMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| se Rate Fee First Group<br>IE HUNDRED THIRTY-NIN<br>MMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| se Rate Fee First Group<br>IE HUNDRED THIRTY-NIN<br>MMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| se Rate Fee First Group<br>IE HUNDRED THIRTY-NIN<br>MMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| se Rate Fee First Group<br>NE HUNDRED THIRTY-NIN<br>MMUNITY/ AREA   | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| ISE Rate Fee First Group  | \$<br>TH SUBSCRIBER GRO | 0.00<br>DUP<br>0 | ONE HUNDREI                           |  | H SUBSCRIBER GRO  | UP 0           |
| ross Receipts First Group  Ase Rate Fee First Group  NE HUNDRED THIRTY-NIN  DMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  Toss Receipts Third Group | \$<br>TH SUBSCRIBER GRO | 0.00             | ONE HUNDREI COMMUNITY/ AREA CALL SIGN |  | H SUBSCRIBER GRO  | UP<br>O<br>DSE |

| ANTA ROSA TELEPHO                    | ABLE SYSTEM:<br>DNE COOPERATIV | E, INC.    |                                   |            | :                  | 8YSTEM ID#<br>62467 |
|--------------------------------------|--------------------------------|------------|-----------------------------------|------------|--------------------|---------------------|
| BLOCK                                | A: COMPUTATION                 | OF BASE RA | ATE FEES FOR EAC                  | H SUBSCR   | IBER GROUP         |                     |
| ONE HUNDRED FORTY-FI                 | RST SUBSCRIBER GROU            |            | 11                                |            | D SUBSCRIBER GROUI |                     |
| OMMUNITY/ AREA                       |                                | 0          | COMMUNITY/ AREA                   | A          |                    | 0                   |
| CALL SIGN DSE                        | CALL SIGN                      | DSE        | CALL SIGN                         | DSE        | CALL SIGN          | DSE                 |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
| tal DSEs                             |                                | 0.00       | Total DSEs                        |            |                    | 0.00                |
| oss Receipts First Group             | \$                             | 0.00       | Gross Receipts Seco               | ond Group  | \$                 | 0.00                |
| se Rate Fee First Group              | \$                             | 0.00       | Base Rate Fee Seco                | ond Group  | \$                 | 0.00                |
| ONE HUNDRED FORTY-TH                 | IRD SUBSCRIBER GROU            | JP         | ONE HUNDRED FO                    | RTY-FOURTH | H SUBSCRIBER GROUI | 0                   |
| MMUNITY/ AREA                        |                                | 0          | COMMUNITY/ AREA                   | A          |                    | 0                   |
| ALL SIGN DSE                         | CALL SIGN                      | DSE        | CALL SIGN                         | DSE        | CALL SIGN          | DSE                 |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
|                                      |                                |            |                                   |            |                    |                     |
| tal DSEs                             |                                | 0.00       | Total DSEs                        |            |                    | 0.00                |
| tal DSEs<br>oss Receipts Third Group | \$                             | 0.00       | Total DSEs<br>Gross Receipts Four | th Group   | <u>\$</u>          | 0.00                |

| 467 | 624  |                    |            |                                | E, INC.   | E COOPERATIV    | EPHONE    | SANTA ROSA TEL              |
|-----|------|--------------------|------------|--------------------------------|-----------|-----------------|-----------|-----------------------------|
|     |      | IBER GROUP         | SUBSCR     | TE FEES FOR EAC                | F BASE RA | COMPUTATION (   | LOCK A:   | B                           |
|     |      | H SUBSCRIBER GROUP | ORTY-SIXTH | 1                              |           | SUBSCRIBER GROU | RTY-FIFTH |                             |
| 0   |      |                    |            | COMMUNITY/ AREA                | 0         |                 |           | COMMUNITY/ AREA             |
| SE  | DSE  | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | CALL SIGN                   |
|     |      |                    |            |                                |           | -               |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
|     |      |                    |            |                                |           |                 |           |                             |
| .00 | 0.00 |                    |            | Total DSEs                     | 0.00      |                 |           | tal DSEs                    |
| .00 | 0.00 | \$                 | nd Group   | Gross Receipts Seco            | 0.00      | \$              | oup       | oss Receipts First Gr       |
| .00 | 0.00 | \$                 | nd Group   | Base Rate Fee Seco             | 0.00      | \$              | oup       | <b>se Rate Fee</b> First Gr |
|     | 1    | H SUBSCRIBER GROUP | RTY-EIGHTH | ONE HUNDRED FC                 | Р         | SUBSCRIBER GROU | -SEVENTH  | NE HUNDRED FORTY            |
| 0   |      |                    |            | COMMUNITY/ AREA                | 0         |                 |           | MMUNITY/ AREA               |
| SE  | DOF  |                    |            |                                |           |                 |           |                             |
|     | DSE  | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | LL SIGN                     |
|     |      | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | LL SIGN                     |
|     |      | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | ALL SIGN                    |
|     | DSE  | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | LL SIGN                     |
|     |      | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | ALL SIGN                    |
|     | DSE  | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | ALL SIGN                    |
|     |      | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | CALL SIGN                   |
|     |      | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | ALL SIGN                    |
|     |      | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | ALL SIGN                    |
|     |      | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | ALL SIGN                    |
|     |      | CALL SIGN          | DSE        | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | ALL SIGN                    |
|     |      | CALL SIGN          | DSE<br>DSE | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | CALL SIGN                   |
|     |      | CALL SIGN          |            | CALL SIGN                      | DSE       | CALL SIGN       | DSE       | ALL SIGN                    |
|     |      | CALL SIGN          |            | CALL SIGN CALL SIGN Total DSEs | DSE       | CALL SIGN       | DSE       |                             |
| .00 |      | S                  |            |                                |           | CALL SIGN       |           | tal DSEs                    |
| .00 | 0.00 |                    | n Group    | Total DSEs                     | 0.00      |                 | roup      | CALL SIGN                   |

| EGAL NAME OF OWNER OF CA   |           | E, INC.          |                     |                  |                  | 62467   |
|--|-----------|------------------|---------------------|------------------|------------------|---------|
|  |           |                  | ATE FEES FOR EAC    |                  |                  |         |
| ONE HUNDRED FORTY-NIN<br>COMMUNITY/ AREA                                   | DUP<br>0  | ONE HUNDRE       |                     | H SUBSCRIBER GRO | UP<br>0          |         |
|  |           |                  |                     |                  |                  |         |
| CALL SIGN DSE  | CALL SIGN | DSE              | CALL SIGN           | DSE              | CALL SIGN        | DSE     |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
|  |           |                  |                     |                  |                  |         |
| tal DSEs   |           | 0.00             | Total DSEs          |                  | 11               | 0.00    |
|  |           |                  | Gross Receipts Seco | nd Group         | \$               | 0.00    |
| oss Receipts First Group   | \$        |                  |                     |                  |                  |         |
| oss Receipts First Group   | \$        |                  |                     |                  |                  |         |
|  | \$<br>\$  | 0.00             | Base Rate Fee Seco  | nd Group         | \$               | 0.00    |
| se Rate Fee First Group  | \$        | 0.00             | Base Rate Fee Seco  |                  | \$               | J       |
| e Rate Fee First Group   | \$        | 0.00             | Base Rate Fee Seco  | TY-SECONE        |                  | J       |
| e Rate Fee First Group   | \$        | <b>0.00</b>      | Base Rate Fee Seco  | TY-SECONE        |                  | UP      |
| e Rate Fee First Group<br>NE HUNDRED FIFTY-FIR<br>IMUNITY/ AREA            | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| e Rate Fee First Group<br>NE HUNDRED FIFTY-FIR<br>IMUNITY/ AREA            | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| e Rate Fee First Group<br>NE HUNDRED FIFTY-FIR<br>IMUNITY/ AREA            | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| e Rate Fee First Group<br>DNE HUNDRED FIFTY-FIR<br>MMUNITY/ AREA           | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| Se Rate Fee First Group<br>DNE HUNDRED FIFTY-FIR<br>MMUNITY/ AREA          | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIR<br>MMUNITY/ AREA          | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| Se Rate Fee First Group<br>DNE HUNDRED FIFTY-FIR<br>MMUNITY/ AREA          | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| se Rate Fee First Group<br>DNE HUNDRED FIFTY-FIR<br>MMUNITY/ AREA          | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| Se Rate Fee First Group<br>DNE HUNDRED FIFTY-FIR<br>MMUNITY/ AREA          | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIR<br>MMUNITY/ AREA          | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| se Rate Fee First Group<br>DNE HUNDRED FIFTY-FIR<br>MMUNITY/ AREA          | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIR<br>MMUNITY/ AREA          | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| Se Rate Fee First Group ONE HUNDRED FIFTY-FIR DMMUNITY/ AREA CALL SIGN DSE | \$        | 0.00<br>DUP<br>0 | Base Rate Fee Seco  | TY-SECONE        | D SUBSCRIBER GRO | UP<br>0 |
| ISE Rate Fee First Group<br>ONE HUNDRED FIFTY-FIR<br>DMMUNITY/ AREA        | \$        | 0.00             | Base Rate Fee Seco  |                  | D SUBSCRIBER GRO |         |

| EGAL NAME OF OWNER OF CA  |  | E, INC.              |  |             |                        | 62467          |
|---|--|----------------------|--|-------------|------------------------|----------------|
|   | A: COMPUTATION (   |                      |  |             |                        |                |
| ONE HUNDRED FIFTY-THI   | RD SUBSCRIBER GRO  | OUP 0                | ONE HUNDRED FIR  |             | I SUBSCRIBER GRO       | UP<br>0        |
|   |  | U                    |  | •           |                        | U              |
| CALL SIGN DSE   | CALL SIGN  | DSE                  | CALL SIGN  | DSE         | CALL SIGN              | DSE            |
|   |  |                      |  |             |                        |                |
|   |  |                      |  |             |                        |                |
|   |  |                      |  |             | -                      |                |
|   |  |                      |  |             |                        |                |
|   |  |                      |  |             |                        |                |
|   |  |                      |  |             |                        |                |
|   |  |                      |  |             |                        |                |
|   |  |                      |  |             |                        |                |
|   |  |                      |  |             |                        |                |
|   |  |                      |  |             |                        |                |
|   |  |                      |  |             |                        |                |
|   |  |                      |  |             |                        |                |
| tal DSEs  |  | 0.00                 | Total DSEs   |             |                        | 0.00           |
| Gross Receipts First Group \$ 0.00  |  | 0.00                 | Gross Receipts Seco  | ond Group   | \$                     | 0.00           |
| oss Receipts First Group  | -  |                      |  |             |                        |                |
|   |  |                      |  |             |                        |                |
| se Rate Fee First Group   | \$   | 0.00                 | Base Rate Fee Seco   |             | \$                     | 0.00           |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIF                            | \$   | DUP                  | ONE HUNDRED  | FIFTY-SIXTH | \$<br>1 SUBSCRIBER GRO | UP             |
| e Rate Fee First Group  | \$   |                      |  | FIFTY-SIXTH |                        | I              |
| e Rate Fee First Group<br>NE HUNDRED FIFTY-FIF<br>IMUNITY/ AREA             | \$   | DUP                  | ONE HUNDRED  | FIFTY-SIXTH |                        | UP             |
| e Rate Fee First Group<br>DNE HUNDRED FIFTY-FIF<br>MMUNITY/ AREA            | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| e Rate Fee First Group<br>DNE HUNDRED FIFTY-FIF<br>MMUNITY/ AREA            | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| e Rate Fee First Group  | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| se Rate Fee First Group<br>DNE HUNDRED FIFTY-FIF<br>MMUNITY/ AREA           | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIF<br>MMUNITY/ AREA           | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIF<br>MMUNITY/ AREA           | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIF<br>MMUNITY/ AREA           | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIF<br>DMMUNITY/ AREA          | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIF<br>DMMUNITY/ AREA          | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIF<br>DMMUNITY/ AREA          | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| se Rate Fee First Group<br>ONE HUNDRED FIFTY-FIF<br>MMUNITY/ AREA           | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| Se Rate Fee First Group ONE HUNDRED FIFTY-FIF DMMUNITY/ AREA CALL SIGN DSE  | \$   | DUP<br>0             | ONE HUNDRED  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0        |
| ASE RATE Fee First Group ONE HUNDRED FIFTY-FIF DMMUNITY/ AREA CALL SIGN DSE | \$   |                      | ONE HUNDRED<br>COMMUNITY/ ARE/<br>CALL SIGN  | FIFTY-SIXTH | H SUBSCRIBER GRO       | UP<br>0<br>DSE |
| ONE HUNDRED FIFTY-FIF   | \$         TH SUBSCRIBER GRO         CALL SIGN         CALL SIGN         Image: Comparison of the second s | DUP<br>0<br>DSE<br>0 | ONE HUNDRED         COMMUNITY/ ARE/         CALL SIGN         CALL SIGN         Total DSEs | FIFTY-SIXTH | I SUBSCRIBER GRO       | UP<br>0<br>DSE |

| SANTA ROSA TELEPHO   | NE COOPERATIV                              | L, INO.                      |   |             |                    | 62467          |
|--|--|------------------------------|---|-------------|--------------------|----------------|
|  | A: COMPUTATION (                           |                              |   |             |                    |                |
| ONE HUNDRED FIFTY-SEVEN  | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP |                              |   |             | H SUBSCRIBER GROUP | ⊃<br>0         |
|  |  | 0                            | COMMUNITY/ ARE/                           | •           |                    | U              |
| CALL SIGN DSE  | CALL SIGN                                  | DSE                          | CALL SIGN                                 | DSE         | CALL SIGN          | DSE            |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
| tal DSEs   |  | 0.00                         | Total DSEs                                |             |                    | 0.00           |
| ross Receipts First Group  | \$   | 0.00                         | Gross Receipts Seco                       | ond Group   | \$                 | 0.00           |
|  |  |                              |   |             |                    |                |
|  |  |                              |   |             |                    |                |
| se Rate Fee First Group  | \$   | 0.00                         | Base Rate Fee Seco                        | ond Group   | \$                 | 0.00           |
| ONE HUNDRED FIFTY-NIN  |  | OUP                          | ONE HUNDR                                 | ED SIXTIETH | \$                 | UP             |
| NE HUNDRED FIFTY-NIN   |  |                              |   | ED SIXTIETH |                    |                |
| NE HUNDRED FIFTY-NIN<br>//MUNITY/ AREA   |  | OUP                          | ONE HUNDR                                 | ED SIXTIETH |                    | UP             |
| NE HUNDRED FIFTY-NIN<br>//MUNITY/ AREA   | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| NE HUNDRED FIFTY-NIN<br>IMUNITY/ AREA  | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| NE HUNDRED FIFTY-NIN<br>//MUNITY/ AREA   | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| NE HUNDRED FIFTY-NIN<br>MMUNITY/ AREA  | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| DNE HUNDRED FIFTY-NIN  | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| DNE HUNDRED FIFTY-NIN  | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| DNE HUNDRED FIFTY-NIN<br>MMUNITY/ AREA   | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| DNE HUNDRED FIFTY-NIN  | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| ONE HUNDRED FIFTY-NIN  | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| ONE HUNDRED FIFTY-NIN  | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| DNE HUNDRED FIFTY-NIN  | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| ONE HUNDRED FIFTY-NIN<br>DMMUNITY/ AREA  | TH SUBSCRIBER GRO                          | DUP<br>0                     | ONE HUNDR                                 | ED SIXTIETH | I SUBSCRIBER GRO   | UP<br>0        |
| ONE HUNDRED FIFTY-NIN<br>DMMUNITY/ AREA<br>CALL SIGN DSE<br>CALL SIGN DSE<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADDED<br>ADD | TH SUBSCRIBER GRO                          |                              | ONE HUNDR<br>COMMUNITY/ ARE/<br>CALL SIGN |             | I SUBSCRIBER GRO   |                |
| ase Rate Fee First Group          ONE HUNDRED FIFTY-NIN         OMMUNITY/ AREA         CALL SIGN       DSE         CALL SIGN       I         Image: Stress Receipts Third Group  | TH SUBSCRIBER GRO                          | DUP<br>0<br>DSE<br>0<br>0.00 | ONE HUNDR<br>COMMUNITY/ ARE/<br>CALL SIGN |             | I SUBSCRIBER GRO   | UP<br>0<br>DSE |

|   |   | FORM SA3E. PAGE 20.   |
|---|---|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| <b>9</b><br>Computation   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| of  |   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commutis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> | o for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.   |
|   |   | 11  |
|   | FIRST SUBSCRIBER GROUP  | SECOND SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   |   |   |
|   | THIRD SUBSCRIBER GROUP  | FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 1: Eiler the Exempt Deceil   |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |   |   |

|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| <b>9</b><br>Computation   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| of  |  | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none enstep 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul> | o for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.   |
|   | FIFTH SUBSCRIBER GROUP   | SIXTH SUBSCRIBER GROUP  |
|   |  | SIXTI SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                                  |
|   | First Group  | Second Group  |
|   | SEVENTH SUBSCRIBER GROUP   | EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|   |  |   |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| <b>9</b><br>Computation                                 | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | rket any portion of your cable system is located in as defined   |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme<br>this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group  | for the VHF Grade B contour stations that were classified as   |
| Surcharge<br>for<br>Partially<br>Distant<br>Stations    | <ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none en</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> | of DSEs used to compute the surcharge.   |
|   | NINTH SUBSCRIBER GROUP   | TENTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | ELEVENTH SUBSCRIBER GROUP  | TWELVTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
|   |  |  |

| Name  |   |   | FORM SA3E. PAGE 20.   |
|---|---|---|---|
| 9       If your cable system is located within a top 100 television market any portion of your cable system is located in as defined by section 76.5 effect on use 14.981:         Computation of an and syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 effect on use 14.981:         Step 1: In the 1; give the total DSEs by subsorber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 1: In the 2; give the total number of DSEs by subsorber group for the VHF Grade B contour stations that were classified as Exclusivity Exempt DSEs in block C, part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.         Stations       THIRTEENTH SUBSCRIBER GROUP       FOURTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs.       Line 1: Enter the VHF DSEs.       Line 2: Enter the Exempt DSEs for this solber group asubject to the surcharge computation.         SYNDICATED EXCLUSIVITY       SUBCATED EXCLUSIVITY       SUBCATED EXCLUSIVITY         SURCHARGE       First Group       Sixter the VHF DSEs.       Line 3: Enter the VHF DSEs.         Line 3: Enter the Exempt DSEs.       Line 4: Enter the VHF DSEs.       Line 3: Enter the VHF DSEs.       Line 3: Enter the VHF DSEs.         Line 4: Enter the VHF DSEs.       Enter the VHF DSEs.       Line 3: Enter the VHF DSEs.       Line 3: Enter the VHF DSEs.         Line 3: Enter the Exempt   | Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467   |
| Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981;         Computation of and Syndicated Exclusivity Surcharge. The 1 store of the surcharge of or Partially Distant et al. you the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule. In making the sourcharge of the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.         Stations       THIRTEENTH SUBSCRIBER GROUP       FOURTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs.       Line 1: Enter the VHF DSEs.       Line 1: Enter the VHF DSEs.         Line 2: Enter the Exempt DSEs       Line 1: Enter the VHF DSEs.       Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation.       SYNDICATED EXCLUSIVITY SURCHARGE         SYNDICATED EXCLUSIVITY       SUMERCHER GROUP       SURTEENTH SUBSCRIBER GROUP       SURTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs.       Line 1: Enter the VHF DSEs.       Line 3: Enter the Exempt DSEs.       Line 3: Enter the Exempt DSEs.         Line 2: Enter the Exempt DSEs.       Line 3: Enter the VHF DSEs.       Line 3: Enter the VHF DSEs.       Line 3: Enter the VHF DSEs.         Line 3: Enter the VHF DSEs for this subscriber group subject to   |   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| of  | _   | Syndicated Exclusivity Surcharge. Indicate which major television ma  |   |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations       Step 1: In line 1, give the total DEEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.         Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exempt DSEs in block C, part 7 of this schedule. In mich give the sucharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show<br>your actual calculations on this form.         THIRTEENTH SUBSCRIBER GROUP       FOURTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 1: Enter the VHF DSEs         SYNDICATED EXCLUSIVITY<br>SURCHARGE       SINCHARGE       SINCHARGE         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 2: Enter the Exempt DSEs.       Line 3: Subtract line 2 from line 1         and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 2: Enter the Exempt DSE |   | First 50 major television market  | Second 50 major television market   |
| Exclusivity<br>Surcharge<br>for<br>Parially       Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exempt DSEs in block C, part of this schedule. In nome enter zero.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4: Compute the surcharge for each subscriber group using the formula outliden in block D, section 3 or 4 of part 7 of this<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show<br>your actual calculations on this form.         Ine 2: Enter the VHF DSEs   | and   | Step 1: In line 1, give the total DSEs by subscriber group for comme  | ercial VHF Grade B contour stations listed in block A, part 9 of  |
| Line 1: Enter the VHF DSEs  | Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig.</li> </ul> | iter zero.<br>of DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this                               |
| Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation         SYNDICATED EXCLUSIVITY         SURCHARGE         First Group         FIFTEENTH SUBSCRIBER GROUP         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation         FIFTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs.         Line 2: Enter the Exempt DSEs.         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation         synDicATED EXCLUSIVITY         SURCHARGE         This droup         subject to the surcharge         computation         time 3: subtract line 2 from line 1         and enter here. This is the         total number of DSEs for <tr< th=""><th></th><th>THIRTEENTH SUBSCRIBER GROUP</th><th>FOURTEENTH SUBSCRIBER GROUP</th></tr<>  |   | THIRTEENTH SUBSCRIBER GROUP   | FOURTEENTH SUBSCRIBER GROUP   |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         total number of DSEs for       this subscriber group         subject to the surcharge       computation         computation   |   |   | Line 1: Enter the V/HE DSEe   |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge         SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group       \$         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs.       Line 1: Enter the VHF DSEs.         Line 2: Enter the Exempt DSEs.       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       SYNDICATED EXCLUSIVITY<br>SURCHARGE         SYNDICATED EXCLUSIVITY<br>SURCHARGE       \$       SYNDICATED EXCLUSIVITY<br>SURCHARGE         SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown       \$  |   |   |   |
| SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       Second Group         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs.       Line 1: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         total number of DSEs for       this subscriber group         subject to the surcharge       computation         SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SUBCHARGE       Third Group         SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY  |   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
| SURCHARGE       First Group       \$         First Group       \$       Second Group       \$         FIFTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP       SIXTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs   |   |   |   |
| Line 1: Enter the VHF DSEs  |   | SURCHARGE   | SURCHARGE   |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation   |   | FIFTEENTH SUBSCRIBER GROUP  | SIXTEENTH SUBSCRIBER GROUP  |
| Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation         SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown   |   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
| and enter here. This is the       and enter here. This is the         total number of DSEs for       total number of DSEs for         this subscriber group       subject to the surcharge         computation  |   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
| SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         \$         SYNDICATED EXCLUSIVITY         SURCHARGE         Fourth Group         \$         SYNDICATED EXCLUSIVITY         SURCHARGE         Fourth Group         \$         SYNDICATED EXCLUSIVITY         SURCHARGE         Fourth Group         SYNDICATED EXCLUSIVITY         SURCHARGE:         Add the surcharge for each subscriber group as shown  |   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  |
|   |   | SYNDICATED EXCLUSIVITY<br>SURCHARGE   | SYNDICATED EXCLUSIVITY<br>SURCHARGE   |
|   |   |   |   |
|   |   |   |   |

|  |   | FORM SA3E. PAGE 20.  |
|--|---|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of  | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commuthis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none er</li> </ul>     | ercial VHF Grade B contour stations listed in block A, part 9 of<br>o for the VHF Grade B contour stations that were classified as<br>nter zero.                   |
| for<br>Partially<br>Distant<br>Stations                        | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> |  |
|  | SEVENTEENTH SUBSCRIBER GROUP  | EIGHTEENTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|  |   |  |
|  | NINEENTH SUBSCRIBER GROUP   | TWENTYTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | Ŭ I  |
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|   | <u> </u>  | FORM SA3E. PAGE 20.  |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of   | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated                                  | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commuthis schedule.   | ercial VHF Grade B contour stations listed in block A, part 9 of   |
| Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none er</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts for your actual calculations on this form.</li> </ul> | nter zero.<br>of DSEs used to compute the surcharge.   |
|   | TWENTY-FIRST SUBSCRIBER GROUP   | TWENTY-SECOND SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                |
|   |   | computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | TWENTY-THIRD SUBSCRIBER GROUP   | TWENTY-FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
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|   |   | FORM SA3E. PAGE 20.   |
|---|---|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of   | First 50 major television market  | Second 50 major television market   |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commetties schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | TWENTY-FIFTH SUBSCRIBER GROUP   | TWENTY-SIXTH SUBSCRIBER GROUP   |
|   |   |   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   |   |   |
|   | TWENTY-SEVENTH SUBSCRIBER GROUP   | TWENTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | each subscriber group as shown  |
|   |   |   |

|  |   | FORM SA3E. PAGE 20.  |
|--|---|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of  | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commential schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none end</li> </ul>   | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as                                   |
| for<br>Partially<br>Distant<br>Stations                        | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> |  |
|  | TWENTY-NINTH SUBSCRIBER GROUP   | THIRTIETH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|  | THIRTY-FIRST SUBSCRIBER GROUP   | THIRTY-SECOND SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | 8 1  |
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|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | the station is not exempt in Part 7, you mustalso compute a   |
| Computation<br>of   | First 50 major television market   | Second 50 major television market   |
| or<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | THIRTY-THIRD SUBSCRIBER GROUP  | THIRTY-FOURTH SUBSCRIBER GROUP  |
|   |  |   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | First Group  | Second Group  |
|   | THIRTY-FIFTH SUBSCRIBER GROUP  | THIRTY-SIXTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |  |   |

|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of   | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>of the VHF Grade B contour stations that were classified as<br>iter zero.<br>of DSEs used to compute the surcharge. |
|   |  | 11  |
|   | THIRTY-SEVENTH SUBSCRIBER GROUP  | THIRTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|   | SURCHARGE<br>First Group   | Second Group  |
|   | THIRTY-NINTH SUBSCRIBER GROUP  | FORTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 5   |
|   |  |   |
|   |  |   |

|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of   | ☐ First 50 major television market   | Second 50 major television market   |
| or<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commetties schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none emistep 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | FORTY-FIRST SUBSCRIBER GROUP   | FORTY-SECOND SUBSCRIBER GROUP   |
|   |  |   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | First Group  | Second Group  |
|   | FORTY-THIRD SUBSCRIBER GROUP   | FORTY-FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for a in the boxes above. Enter here and in block 4, line 2 of space L (page   | 0   |
|   |  |   |

| Name   |   |  | FORM SA3E. PAGE 20   |
|--|---|--|--|
| 9       If your cable system is located within a top 100 television market and the station is not exempt in Part 7, your mustalso compute a syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:         Computation of Base Rate Fee and Syndicated Exclusivity Surcharge in the total DEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.         Syndicated Exclusivity Surcharge in the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 3: Compute the surcharge for each buschiber group wigh the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho your actual calculations on this form.         Ine 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs for this subscriter group subject to the surcharge computation       Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriter group subject to the surcharge computation         SYNDICATED EXCLUSIVITY SURCHARGE       Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriter group subject to the surcharge computation       SWNDICATED EXCLUSIVITY SURCHARGE         SYNDICATED EXCLUSIVITY       SUBCHARGE <th>Name</th> <th>LEGAL NAME OF OWNER OF CABLE SYSTEM:<br/>SANTA ROSA TELEPHONE COOPERATIVE, INC.</th> <th>SYSTEM ID#<br/>62467</th> | Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
| Y       Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:         Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.       INSTRUCTIONS:         Surcharge for Partially Distant Stations       In line 3, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Experit DSEs in block C, part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho your actual calculations on this form.         FORTY-FIFTH SUBSCRIBER GROUP       FORTY-SIXTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs in the total number of DSEs for this subject to the surcharge computation, use gross receipts figures applicable to the particular group. You do not need to sho your actual calculations on this form.         Yourdicated Exclusivity Surcharge Intervention of this subject to the surcharge computation.   |   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | UITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity       Instructions:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of<br>this schedule. If none enter zero.         Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3: In line 3, subtract line 2 form line 1. This is the total number of DSEs used to compute the surcharge.         Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho<br>your actual calculations on this form.         FORTY-FIFTH SUBSCRIBER GROUP       FORTY-SIXTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       SYNDICATED EXCLUSIVITY<br>SURCHARGE         FORTY-SEVENTH SUBSCRIBER GROUP       FORTY-EIGHTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         SYNDICATED EXCLUSIVITY<br>SURCHARGE       SYNDICATED EXCLUSIVITY<br>SURCHARGE         FORTY-SEVENTH SUBSCRIBER GROUP       FORTY-EIGHTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: E  | _   | Syndicated Exclusivity Surcharge. Indicate which major television ma   |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge       NSTRUCTIONS:  | •   | ☐ First 50 major television market   | Second 50 major television market  |
| Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 1: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         total number of DSEs for       this subscriber group         subject to the surcharge       computation         computation       -         SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       First Group         First Group       \$         Standard enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation       -         SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       Second Group         FORTY-SEVENTH SUBSCRIBER GROUP       FORTY-EIGHTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs.       Line 1: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         total number of DSEs for       this subscriber group         subgict to the surcharge       subtract line 2 from line 1         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the s   | Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig.</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>o for the VHF Grade B contour stations that were classified as<br>ner zero.<br>of DSEs used to compute the surcharge.<br>e formula outlined in block D, section 3 or 4 of part 7 of this |
| Line 1: Enter the VHF DSEs   |   | FORTY-FIFTH SUBSCRIBER GROUP   |  |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         total number of DSEs for       this subscriber group         subject to the surcharge       computation  |   |  |  |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |   |  |  |
| FORTY-SEVENTH SUBSCRIBER GROUP       FORTY-EIGHTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs  |   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
| Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs  |   | First Group  | Second Group   |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge  |   | FORTY-SEVENTH SUBSCRIBER GROUP   | FORTY-EIGHTH SUBSCRIBER GROUP  |
| and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surchargeand enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   |   |  |  |
|  |   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   |
| SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         Third Group       \$   |   | SYNDICATED EXCLUSIVITY<br>SURCHARGE  | SYNDICATED EXCLUSIVITY<br>SURCHARGE  |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |   |  |  |
|  |   |  |  |

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|--|--|--|
|  | SANTA ROSA TELEPHONE COOPERATIVE, INC.   | 62467  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of  | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none end</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.                      |
| for<br>Partially<br>Distant<br>Stations                        | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul>    |  |
|  | FORTY-NINTH SUBSCRIBER GROUP   | FIFTIETH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|  | FIFTY-FIRST SUBSCRIBER GROUP   | FIFTY-SECOND SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 0 1  |
|  |  |  |

|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | the station is not exempt in Part 7, you mustalso compute a   |
| Computation<br>of   | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | FIFTY-THIRD SUBSCRIBER GROUP   | FIFTY-FOURTH SUBSCRIBER GROUP   |
|   |  | FIFTT-FOURTH SUBSCRIDER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | FIFTY-FIFTH SUBSCRIBER GROUP   | FIFTY-SIXTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |  |   |

|  |  | FORM SA3E. PAGE 20.  |
|--|--|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of  | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and                                       | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme  |  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group<br>Exempt DSEs in block C, part 7 of this schedule. If none en<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number<br>Step 4: Compute the surcharge for each subscriber group using the | ter zero.<br>of DSEs used to compute the surcharge.  |
| Distant<br>Stations  | schedule. In making this computation, use gross receipts fig<br>your actual calculations on this form.   | gures applicable to the particular group. You do not need to show                              |
|  | FIFTY-SEVENTH SUBSCRIBER GROUP   | FIFTY-EIGHTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for |
|  | this subscriber group<br>subject to the surcharge<br>computation   | this subscriber group<br>subject to the surcharge<br>computation                               |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|  |  |  |
|  | FIFTY-NINTH SUBSCRIBER GROUP   | SIXTIETH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs.   | Line 2: Enter the Exempt DSEs.   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for |
|  | this subscriber group<br>subject to the surcharge<br>computation   | this subscriber group<br>subject to the surcharge<br>computation                               |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 8 1  |
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|   |   | FORM SA3E. PAGE 20.  |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of   | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and  | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme   |  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> | iter zero.<br>of DSEs used to compute the surcharge.   |
|   | SIXTY-FIRST SUBSCRIBER GROUP  | SIXTY-SECOND SUBSCRIBER GROUP  |
|   |   |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | SIXTY-THIRD SUBSCRIBER GROUP  | SIXTY-FOURTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1  | Line 2: Enter the Exempt DSEs  |
|   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
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|  |   | FORM SA3E. PAGE 20.  |
|--|---|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of  | ☐ First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commential schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none end</li> </ul> | for the VHF Grade B contour stations that were classified as   |
| for<br>Partially<br>Distant<br>Stations                        | Step 3:In line 3, subtract line 2 from line 1. This is the total numberStep 4:Compute the surcharge for each subscriber group using the   | of DSEs used to compute the surcharge.   |
|  | SIXTY-FIFTH SUBSCRIBER GROUP  | SIXTY-SIXTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|  | SIXTY-SEVENTH SUBSCRIBER GROUP  | SIXTY-EIGHTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | 8 1  |
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|   |   | FORM SA3E. PAGE 20.  |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | the station is not exempt in Part 7, you mustalso compute a  |
| Computation<br>of   |   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commetties schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> | for the VHF Grade B contour stations that were classified as ter zero.<br>of DSEs used to compute the surcharge.   |
|   | SIXTY-NINTH SUBSCRIBER GROUP  | SEVENTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 1: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   |   |  |
|   | SEVENTY-FIRST SUBSCRIBER GROUP  | SEVENTY-SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | <u> </u>   |
|   |   |  |

|  |  | FORM SA3E. PAGE 20   |
|--|--|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of  | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for communities schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>o for the VHF Grade B contour stations that were classified as<br>nter zero.<br>of DSEs used to compute the surcharge. |
| Distant<br>Stations  | schedule. In making this computation, use gross receipts fig<br>your actual calculations on this form.   | gures applicable to the particular group. You do not need to show  |
|  | SEVENTY-THIRD SUBSCRIBER GROUP   | SEVENTY-FOURTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                         |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE  | SYNDICATED EXCLUSIVITY SURCHARGE   |
|  | First Group  | Second Group   |
|  | SEVENTY-FIFTH SUBSCRIBER GROUP   | SEVENTY-SIXTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                         |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
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|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of   | ☐ First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.             |
|   | SEVENTY-SEVENTH SUBSCRIBER GROUP   | SEVENTY-EIGHTH SUBSCRIBER GROUP   |
|   |  | SEVENT-EIGHT SUBSCRIBER GROOP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                                  |
|   | SEVENTY-NINTH SUBSCRIBER GROUP   | EIGHTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|   |  |   |

| -   |   | FORM SA3E. PAGE 20.   |
|---|---|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of   | First 50 major television market  | Second 50 major television market   |
| or<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none end</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | EIGHTY-FIRST SUBSCRIBER GROUP   | EIGHTY-SECOND SUBSCRIBER GROUP  |
|   |   |   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | EIGHTY-THIRD SUBSCRIBER GROUP   | EIGHTY-FOURTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for a<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | 0   |

| Name       LEGAL NAME OF OWNER OF CABLE SYSTEM:         SANTA ROSA TELEPHONE COOPERATIVE, INC.         9       BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCH         1       If your cable system is located within a top 100 television market and the station is no Syndicated Exclusivity Surcharge. Indicate which major television market any portion by section 76.5 of FCC rules in effect on June 24, 1981:         Computation of Base Rate Fee and Syndicated Exclusivity       First 50 major television market       Second 50 maior television market         Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grad this schedule.       Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grad | ot exempt in Part 7, you mustalso compute a<br>n of your cable system is located in as defined<br>major television market<br>le B contour stations listed in block A, part 9 of<br>rade B contour stations that were classified as<br>o compute the surcharge.<br>In block D, section 3 or 4 of part 7 of this    |
|---|---|
| 9       If your cable system is located within a top 100 television market and the station is no Syndicated Exclusivity Surcharge. Indicate which major television market any portion by section 76.5 of FCC rules in effect on June 24, 1981:         Computation of Base Rate Fee and Syndicated       First 50 major television market       Second 50 r         INSTRUCTIONS:       Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grad this schedule.   | ot exempt in Part 7, you mustalso compute a<br>n of your cable system is located in as defined<br>major television market<br>le B contour stations listed in block A, part 9 of<br>rade B contour stations that were classified as<br>o compute the surcharge.<br>rd in block D, section 3 or 4 of part 7 of this |
| Y       Syndicated Exclusivity Surcharge. Indicate which major television market any portion by section 76.5 of FCC rules in effect on June 24, 1981:         Computation of Base Rate Fee and Syndicated       First 50 major television market       Second 50 r         INSTRUCTIONS:       Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grad this schedule.  | n of your cable system is located in as defined<br>major television market<br>le B contour stations listed in block A, part 9 of<br>rade B contour stations that were classified as<br>o compute the surcharge.<br>In block D, section 3 or 4 of part 7 of this   |
| of       First 50 major television market       Second 50 r         Base Rate Fee<br>and       INSTRUCTIONS:       Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grad<br>this schedule.   | le B contour stations listed in block A, part 9 of<br>rade B contour stations that were classified as<br>o compute the surcharge.<br>rd in block D, section 3 or 4 of part 7 of this  |
| Base Rate Fee<br>and       INSTRUCTIONS:         Syndicated       Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grad<br>this schedule.  | le B contour stations listed in block A, part 9 of<br>rade B contour stations that were classified as<br>o compute the surcharge.<br>rd in block D, section 3 or 4 of part 7 of this  |
| Surcharge<br>forExempt DSEs in block C, part 7 of this schedule. If none enter zero.forStep 3:In line 3, subtract line 2 from line 1. This is the total number of DSEs used to<br>Step 4:Partially<br>Distant<br>StationsStep 4:Compute the surcharge for each subscriber group using the formula outline<br>schedule. In making this computation, use gross receipts figures applicable<br>your actual calculations on this form.  |   |
| EIGHTY-FIFTH SUBSCRIBER GROUP   | EIGHTY-SIXTH SUBSCRIBER GROUP   |
|   |   |
|   | er the VHF DSEs   |
| and enter here. This is theandtotal number of DSEs fortotalthis subscriber groupthissubject to the surchargesubjcomputation   | tract line 2 from line 1<br>enter here. This is the<br>I number of DSEs for<br>subscriber group<br>ject to the surcharge<br>nputation   |
| First Group   | ond Group   |
| EIGHTY-SEVENTH SUBSCRIBER GROUP   | EIGHTY-EIGHTH SUBSCRIBER GROUP  |
|   | er the VHF DSEs   |
| and enter here. This is theandtotal number of DSEs fortotalthis subscriber groupthissubject to the surchargesubj  | tract line 2 from line 1<br>enter here. This is the<br>I number of DSEs for<br>subscriber group<br>ject to the surcharge<br>nputation   |
| SYNDICATED EXCLUSIVITY SYNDICATE<br>SURCHARGE SURCHARGE   | ED EXCLUSIVITY  |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |   |
|   |   |

|   |   | FORM SA3E. PAGE 20.   |
|---|---|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of   | First 50 major television market  | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commential schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
| Stations  | your actual calculations on this form.  |   |
|   | EIGHTY-NINTH SUBSCRIBER GROUP   | NINETIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group   |
|   | NINETY-FIRST SUBSCRIBER GROUP   | NINETY-SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |   |   |
|   |   |   |

|  |  | FORM SA3E. PAGE 20.   |
|--|--|---|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981: | · · · · ·   |
| Computation<br>of  | ☐ First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and   |  | _ ,   |
| and       Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block Step 2:         Syndicated       Exclusivity       Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Surcharge       for       Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Partially       Distant       Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of p schedule. In making this computation, use gross receipts figures applicable to the particular group. You do your actual calculations on this form. |  | o for the VHF Grade B contour stations that were classified as<br>tter zero.<br>of DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this |
|  | NINETY-THIRD SUBSCRIBER GROUP  | NINETY-FOURTH SUBSCRIBER GROUP  |
|  |  |   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2. Enter the Exempt DDE3 Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation                          | Line 2: Enter the Exempt DOEs   |
|  | subject to the surcharge<br>computation  | subject to the surcharge<br>computation   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 8 1   |
|  |  |   |

|   |   | FORM SA3E. PAGE 20   |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of   | First 50 major television market  | Second 50 major television market  |
| or<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commential schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>of the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.   |
|   | NINETY-SEVENTH SUBSCRIBER GROUP   | NINETY-EIGHTH SUBSCRIBER GROUP   |
|   |   |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
|   | NINETY-NINTH SUBSCRIBER GROUP   | ONE HUNDREDTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
|   |   |  |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of   | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | ase Rate Fee<br>andINSTRUCTIONS:SyndicatedStep 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, p<br>this schedule.SyndicatedStep 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classi<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.Surcharge<br>forStep 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.Partially<br>DistantStep 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of the<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need |  |
|   | ONE HUNDERED FIRST SUBSCRIBER GROUP  | ONE HUNDERED SECOND SUBSCRIBER GROUP   |
|   |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   |  |  |
|   | ONE HUNDERED THIRD SUBSCRIBER GROUP  | ONE HUNDERED FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | each subscriber group as shown   |
|   |  |  |

|   |   | FORM SA3E. PAGE 20.   |
|---|---|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of   | ☐ First 50 major television market  | Second 50 major television market   |
| or<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none em Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | ONE HUNDRED FIFTH SUBSCRIBER GROUP  | ONE HUNDRED SIXTH SUBSCRIBER GROUP  |
|   |   |   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   |   |   |
|   | ONE HUNDRED SEVENTH SUBSCRIBER GROUP  | ONE HUNDRED EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for of in the boxes above. Enter here and in block 4, line 2 of space L (page   | 0 1   |
|   |   |   |

|   | <u>.</u>  | FORM SA3E. PAGE 20.   |
|---|---|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of   | ☐ First 50 major television market  | Second 50 major television market   |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commetties schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none endities 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | ONE HUNDRED NINTH SUBSCRIBER GROUP  | ONE HUNDRED TENTH SUBSCRIBER GROUP  |
|   |   |   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   |   |   |
|   | ONE HUNDRED ELEVENTH SUBSCRIBER GROUP   | ONE HUNDRED TWELVTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for a in the boxes above. Enter here and in block 4, line 2 of space L (page  | 0   |
|   |   |   |

| Name   |  |  | FORM SA3E. PAGE 20.  |
|--|--|--|--|
| 9       If your cable system is located within a top 100 television market any portion of your cable system is located in as defined by section 75 of PCC niles in effect on June 24, 1981:         Computation of and Syndicated Exclusivity Surcharge. Indicated Exclusivity Surcharge for Partially Distant 5, shortad line 3, but at line and enter zero.         Step 3: In line 3, but at line 3, but at line somptation, using for each subscriber group for the VHF Grade B contour stations that were classified as exchange in block C, part 7 of this schedule. In marking this computation, using the romain audination block D, part 7 of this schedule. In marking this computation, using the subscriber group using the formula outline of nobes D, schedule. In marking this computation, using cross needpts figures applicable to the particular group. You do not need to show your actual calculations on this form.         0NE HUNDRED THIRTEENTH SUBSCRIBER GROUP       ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs.       Line 1: Enter the Exempt DSEs in line 1 and enter here. This is the line 1 and ent   | Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
| Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:         Computation of an any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:         Syndicated Exclusivity Surcharge for and in 2, give the total DSEs by subscriber group for the VHE Grade B contour stations listed in block A, part 0 of this schedule.         Step 15: In line 2, give the total DSEs by subscriber group for the VHE Grade B contour stations that were classified as Exclusivity Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3: In line 3, subtract line 2, give the total DSEs and to compute the surcharge.         Step 4: In line 3, subtract line 2, give the total number of DSEs is the total number of DSEs is the total number of DSEs is the total number of DSEs.         Step 4: Compute the surcharge for each subscriber group using the formala outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.         ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP       ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP         Line 3: Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         and enter here. This is the total number of DSEs is the total number of DSEs for this subscriber group subject to the surcharge computation.       Subtract line 2 from line 1         Line 3: Subtract line 2 from line 1       Line 1: Enter the VHF DSEs .  |  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| of<br>Base Rate For<br>Base Rate | _  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma | the station is not exempt in Part 7, you mustalso compute a  |
| Base Rate Foe<br>and<br>Syndicated<br>Exclusivity<br>for<br>Partially         INFTRUCTIONS:           Step 1: In line 1, give the total number of DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of<br>this schoolde.         Step 2: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.           Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.           Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP         ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP           Line 1: Enter the VHF DSEs           Line 2: Enter the Exempt DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation         Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge         SWNICATED EXCLUSIVITY<br>SURCHARGE           ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP         ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP         Ine 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs for<br>this subscriber group<br>subject to the surcharge         SWNICATED EXCLUSIVITY<br>SURCHARGE         SWNICATED EXCLUSIVITY<br>SURCHARGE         SWNICATED EXCLUSIVITY<br>SURCHARGE         SWNICATED EXCLUSIVITY<br>SURCHARGE         SWNICATED EXCLUSIVITY<br>SURCHARGE         SWNICATED EXCLUSIVITY<br>SURCHARGE   | -  | ☐ First 50 major television market   | Second 50 major television market  |
| Line 1: Enter the VHF DSEs       Line 2: Enter the Exempt DSEs         Line 2: Enter the Exempt DSEs       Line 3: Subtract line 2 from line 1         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation   | Base Rate Fee<br>and       INSTRUCTIONS:         Syndicated       Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in<br>this schedule.         Surcharge       Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that w<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         for       Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Partially       Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You |  | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this |
| Line 2: Enter the Exempt DSEs       Line 3: Subtract line 2 from line 1         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation  |  | ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP  | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP  |
| Line 2: Enter the Exempt DSEs       Line 3: Subtract line 2 from line 1         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation  |  | Line 1: Enter the V/HE DSEs  |  |
| and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |  |  |  |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP       ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs   |  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                    | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
| Line 1: Enter the VHF DSEs   |  | First Group  | Second Group   |
| Line 2: Enter the Exempt DSEs.       Line 2: Enter the Exempt DSEs.         Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation         SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   |  | ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP   |
| and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |  |  |  |
| SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       Third Group         Third Group       \$         SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown         in the boxes above. Enter here and in block 4 line 2 of space 1 (page 7)   |  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                                   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   |
| in the boxes above. Enter here and in block 4, line 2 of space 1 (page 7)  |  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE   |
|  |  |  | s 7) S   |
|  |  |  |  |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of   | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>of the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP   | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP  |
|   |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                     |
|   | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group  |
|   | ONE HUNDRED NINTEENTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the  |
|   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
|   |  |  |
|   |  |  |

|  |  | FORM SA3E. PAGE 20.  |
|--|--|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | · · · ·  |
| Computation<br>of  | ☐ First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comments this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>of the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
| Distant<br>Stations  |  | gures applicable to the particular group. You do not need to show  |
|  | ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                     |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|  | ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                     |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
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|   |   | FORM SA3E. PAGE 20.  |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of   | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | Base Rate Fee<br>and       INSTRUCTIONS:         Syndicated       Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, p<br>this schedule.         Surcharge<br>for       Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were class<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Partially       Step 4: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not ne |  |
|   | ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  |
|   |   |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   |   |  |
|   | ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
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|  |  | FORM SA3E. PAGE 20.   |
|--|--|---|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of  | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comments this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
| Distant<br>Stations  | schedule. In making this computation, use gross receipts fig<br>your actual calculations on this form.   | gures applicable to the particular group. You do not need to show   |
|  | ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group   |
|  | ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
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|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of   | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP  |
|   |  |   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|   |  |   |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of   | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | for the VHF Grade B contour stations that were classified as ter zero.<br>of DSEs used to compute the surcharge.   |
| Partially<br>Distant<br>Stations                                      |  | gures applicable to the particular group. You do not need to show  |
|   | ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED FORTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | Ŭ Î  |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  |   |
|---|---|---|
| Name  | SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of   | First 50 major television market  | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none end</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP   |
|   |   |   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   |   |   |
|   | ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |   |   |

| Name         SANTA ROSA TELEPHONE COOPERATIVE, INC.           BUCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROU           If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:           Computation of same feet and Syndicated Exclusivity         First 50 major television market         Second 50 major television market           Syndicated Exclusivity         Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.           Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4: Computatino, use gross receipts figures applicable to the particular group. You do not need to shor your actual calculations on this form.           ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP         ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP           Line 1: Enter the VHF DSEs         Line 1: Enter the VHF DSEs           Line 2: Enter the Exempt DSEs for this subscriber group         Subtract line 2 from line 1           and enter here. This is the total number of DSEs for this subscriber group         Subtract line 2 from line 1  |   |  | FORM SA3E. PAGE 20   |
|--|---|--|--|
| 9       If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:         Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for and Syndicated Exclusivity Surcharge for Partially Distant in E. 3 (we the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. If none enter zero.         Step 2: In line 2, give the total DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exclusivity Surcharge for each subscriber group for the VHF Grade B contour stations that were classified as Exercise in block C, part 7 of this schedule. If none enter zero.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. If making this computation, use gross receipts figures applicable to the particular group. You do not need to shor your actual calculations on this form.         ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP       ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation.         SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE <t< th=""><th>Name</th><th>LEGAL NAME OF OWNER OF CABLE SYSTEM:<br/>SANTA ROSA TELEPHONE COOPERATIVE, INC.</th><th>SYSTEM ID#<br/>62467</th></t<> | Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
| Y       Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:         Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations       Inine 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 2: In line 2, give the total number of DSEs used to compute the surcharge.         Step 4: In line 3, give the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to shory our actual calculations on this form.         ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP       ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation       Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation         SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       First Group       \$         ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP       ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP         ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP       ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP   |   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| of       □ First 50 major television market       □ Second 50 major television market         Base Rate Fee<br>and       INSTRUCTIONS:         Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.         Surcharge       for         Partially       Step 3:         Distant       Step 4:         Stations       Step 3:         ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP       ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP         Line 1:       Enter the VHF DSEs         Line 2:       Enter the VHF DSEs         Line 3:       Subtract line 2 from line 1         and enter here. This is the<br>total number of DSEs for<br>this subscriber group       Line 1:         Subject to the surcharge       computation         computation       gescond Group         Subtract line 2 from line 1       and enter here. This is the<br>total number of DSEs for<br>this subscriber group         subject to the surcharge       computation         computation  | _   | Syndicated Exclusivity Surcharge. Indicate which major television man  |  |
| Base Rate Fee<br>and<br>Syndicated       INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.         Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho<br>your actual calculations on this form.         ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP       ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs  | -   | ☐ First 50 maior television market   | Second 50 maior television market  |
| Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 1: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the total number of DSEs for this subscriber group         subject to the surcharge computation   | Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities the subscriber group is the total number of Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation  |   | ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP   |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation  |   |  |  |
| and enter here. This is the       and enter here. This is the         total number of DSEs for       this subscriber group         subject to the surcharge  |   |  |  |
| First Group       \$       Second Group       \$         ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP       ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP       ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs        Line 1: Enter the VHF DSEs   |   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
| Line 1: Enter the VHF DSEs   |   |  |  |
|  |   | ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP  |
|  |   |  |  |
| Line 3: Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         and enter here. This is the       and enter here. This is the         total number of DSEs for       total number of DSEs for         this subscriber group       subject to the surcharge         computation       -   |   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   |
| SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   |   | SYNDICATED EXCLUSIVITY<br>SURCHARGE  | SYNDICATED EXCLUSIVITY<br>SURCHARGE  |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |   |  |  |
|  |   |  |  |

|   |   | FORM SA3E. PAGE 20.  |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.  | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of   | First 50 major television market  | Second 50 major television market  |
| or<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commential schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>of the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP  |
|   |   |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                     |
|   | ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 1: Enter the VHF DSEs   |
|   | SURCHARGE<br>Third Group  | SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
|   |   |  |

| Name         SANTA ROSA TELEPHONE COOPERATIVE, INC.           9         BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROU<br>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981:           Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations         Intel 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of<br>this schedule. If any enter zero.<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br>Step 4: Compute the surcharge for each subscriber group for the VHF Grade B contour stations that were classified as<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to she<br>your actual calculations on this form.           ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP         ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP         Ine 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subacriber group<br>subject to the surcharge<br>computation.         Ine 1: Enter the VHF DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subacriber group<br>subject to the surcharge<br>computation.         Ine 1: Enter the CHF DSEs for<br>this subacriber group<br>subject to the surcharge<br>computation.         SYNDICATED EXCLUSIVITY<br>SURCHARGE         SYNDICATED EXCLUSIVITY<br>SURCHARGE         SYNDICATED EXCLUSI |   |  | FORM SA3E. PAGE 20.  |
|---|---|--|--|
| 9       If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge . Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:                Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for and Exclusivity Surcharge for and this schedule.              Second 50 major television market             Step 1: In line 1, give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.          Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.          Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. If none enter zero.          Stations         ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation.          subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation.          SYNDICATED EXCLUSIVITY         SURCHARGE         First Group         SYNDICATED EXCLUSIV   | Name  |  | SYSTEM ID#<br>62467  |
| Y       Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: <ul> <li>Computation of Base Rate Fee and Syndicated Exclusivity</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to she your actual calculations on this form.</li> <li>ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP</li> <li>ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP</li> <li>DIE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP</li> <li>Line 1: Enter the VHF DSEs</li> <li>Line 3: Subtract line 2 from line 1</li> <li>and enter here. This is the total number of DSEs for this subscriber group</li> <li>subject to the surcharge</li> <li>subject to the surcharge</li> <li>subject to the surcharge</li> <li>SURCHARGE</li> <li>First Group</li></ul>  |   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity       □ First 50 major television market       □ Second 50 major television market         Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.         Surcharge<br>for<br>Partially<br>Distant<br>Stations       Step 2:       In line 3, subtract line 2 from line 1. This is the total number of DSEs by subscriber group got the VHF Grade B contour stations that were classified as<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho<br>your actual calculations on this form.         ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP       ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP         Line 1:       Enter the Exempt DSEs       Line 1:         Line 2:       Enter the Exempt DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3:         SYNDICATED EXCLUSIVITY<br>SURCHARGE       SYNDICATED EXCLUSIVITY<br>SURCHARGE       Second Group       \$         ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP       ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP       ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP         ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP   | _   | If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television mar   | the station is not exempt in Part 7, you mustalso compute a  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity       INSTRUCTIONS:         Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.         Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exclusivity         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho<br>your actual calculations on this form.         ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP       ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group         SynDICATED EXCLUSIVITY<br>SURCHARGE       SynDICATED EXCLUSIVITY         ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP       ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP         ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP       ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP         ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP       ONE HUNDRED FIFTY-SIXTH SU   | -   | ☐ First 50 major television market   | Second 50 major television market  |
| Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation   | Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities the subscriber group is schedule. In the sucharge for each subscriber group using the schedule. In making this computation, use gross receipts fig</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation   |   | ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP  |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation   |   |  |  |
| and enter here. This is the       and enter here. This is the         total number of DSEs for       total number of DSEs for         this subscriber group       subject to the surcharge         computation  |   |  |  |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP       ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROU         Line 1: Enter the VHF DSEs   |   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
| Line 1: Enter the VHF DSEs  |   | First Group  | Second Group   |
|   |   | ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP   |
|   |   |  |  |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computationLine 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  |
| SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  |   | SYNDICATED EXCLUSIVITY<br>SURCHARGE  | SYNDICATED EXCLUSIVITY<br>SURCHARGE  |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |   |  |  |
|   |   |  |  |

| <b>F</b>  |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>SANTA ROSA TELEPHONE COOPERATIVE, INC.   | SYSTEM ID#<br>62467  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of   | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commential schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig.</li> </ul> | for the VHF Grade B contour stations that were classified as ter zero.<br>of DSEs used to compute the surcharge.   |
| Stations  | your actual calculations on this form.   |  |
|   | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for a in the boxes above. Enter here and in block 4, line 2 of space L (page   | <u> </u>   |
|   |  |  |
|   |  |  |