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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
	\$					
	ALLOCATION NUMBER					
1-14-21						

## SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2020/2								
Period									
<b>B</b> Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate 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.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  26QVGO8F  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Pulaski Electric System								
	, and the second								
			26Q	VGO8F20202					
			26Q	VGO8F 2020/2					
	128 South 1st Street								
	Pulaski, TN 38478								
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•							
	names already appear in space B. In line 2, give the mailing address	of the system, if di	fferent from the address gr	ven in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identif	v only the frst com	nmunity served below and r	elist on page 1b					
Area	with all communities.	,,		and an page in					
Served	CITY OR TOWN	STATE							
First	Pulaski	TN							
Community	Below is a sample for reporting communities if you report multiple ch		<u>'</u>						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda Alliance	MD MD	A B	2					
	Gering	MD	В	3					

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

ORM SA3E. PAGE 1b.				1					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Pulaski Electric System		:	26QVGO8F						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.									
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-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#						
Pulaski	TN			First					
				Community					
				See instructions for					
				additional information on alphabetization.					
				Add rows as necessary.					
		•							
		•	***************************************						
			***************************************						
				1					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Pulaski Electric System

SYSTEM ID#
26QVGO8F

# E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1			BLOCK 2			
CATECORY OF CERVICE	NO. OF		DATE		CATECORY OF SERVICE	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	H	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	560	\$	81.75				
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel	48	\$	6.00				
Commercial	96	\$	89.75				
Converter							
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							
		1		1 ľ			

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1				BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	I	RATE
Continuing Services:			Installation: Non-residential						
• Pay cable			Motel, hotel				Digital Basic	\$	16.20
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial	\$	39.95		Sports Tier	\$	5.50
Fire protection			• Pay cable						
Burglar protection			<ul> <li>Pay cable-add'l channel</li> </ul>				)		
Installation: Residential			Fire protection						
• First set	\$	39.95	Burglar protection						
<ul><li>Additional set(s)</li></ul>	\$	14.95	Other services:						
• FM radio (if separate rate)			Reconnect	\$	35.00				
Converter			Disconnect						
			Outlet relocation	\$	34.95				
			Move to new address	\$	39.95				

Pulaski Electric	ER OF CABLE SY	STEM.			SYSTEM ID#	!		
I II uiaski ⊑ittill		OTEIVI.			26QVGO8F	Name		
PRIMARY TRANSMITTE		ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc FC  Do not list the station station was carried of List the station here, a basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multice For the meaning of the Column 4: If the state planation of local service Column 5: If you had cable system carried the carried the distant statice. For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the	here in space only on a substand also in space formation condition. The station's call associated with a channel number of the cast, "E" (for neach case the cast), "E" (for neach case terms, see ation is outside the distant station on a part-time of a primary transistimulcasts, als aree categories	ations, or auth G—but do listitute basis. ace I, if the state that sign. Do not ha station ac streams must ber the FCC he WRC is Chae station. Whether the station. Whether the state "N" (for noncommercial page (v) of the the local ser age (v) of the es" in column on during the me basis becat multicast stream or before Jumitter or an allocation of the content "E". If , see page (v)	norizations: at it in space I (the ation was carried tute basis station report origination of the reported in the assigned to the assigned to the assigned the assigned to the	the television statement of the television of te	nent and Program Log)—if the  situte basis and also on some other of the general instructions located  es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example  tion for broadcasting over-the-air in a may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further			
	Canadian statio	ons, if any, giv	e the name of t	he community wit	ty to which the station is licensed by the hy which the station is identifed.			
FCC. For Mexican or C	Canadian statio	ons, if any, giv nnel line-ups,	e the name of t	he community wit space G for each	ty to which the station is licensed by the hy which the station is identifed.			
FCC. For Mexican or C Note: If you are utilizin	Canadian statio	ons, if any, giv nnel line-ups,	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each	ty to which the station is licensed by the hy which the station is identifed.			
FCC. For Mexican or C Note: If you are utilizin  1. CALL	Canadian static g multiple cha 2. B'CAST CHANNEL	cns, if any, givennel line-ups,  CHANN  3. TYPE  OF	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.			
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN	2. B'CAST CHANNEL NUMBER	channel line-ups,  CHANN  3. TYPE  OF  STATION	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION			
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN	2. B'CAST CHANNEL NUMBER	channel line-ups,  CHANN  3. TYPE  OF  STATION  N	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN  WSMV	2. B'CAST CHANNEL NUMBER 2	ons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN  Nashville, TN			
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN WSMV  WTVF	2. B'CAST CHANNEL NUMBER 2 4 5	ons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N  N	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN  Nashville, TN  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN WSMV  WTVF  WNPT	2. B'CAST CHANNEL NUMBER 2 4 5 8	ons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N  N	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN WSMV  WTVF  WNPT  WZTV	2. B'CAST CHANNEL NUMBER 2 4 5 8 17	ons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N  N  E  I	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN WSMV  WTVF  WNPT  WZTV  WAAY HD	2. B'CAST CHANNEL NUMBER 2 4 5 8 17 31.1	ons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N  N  E  I	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN  Huntsville, AL	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN WSMV  WTVF  WNPT  WZTV  WAAY HD  WUXP	2. B'CAST CHANNEL NUMBER 2 4 5 8 17 31.1 30	ons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N  N  E  I  N	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	y to which the station is licensed by the h which the station is identifed. channel line-up.  6. LOCATION OF STATION  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN WSMV  WTVF  WNPT  WZTV  WAAY HD  WUXP  WTVF DT2	2. B'CAST CHANNEL NUMBER 2 4 5 8 17 31.1 30 5.2	ons, if any, givennel line-ups,  CHANN  3. TYPE OF STATION  N  N  I  N-M	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN WSMV  WTVF  WNPT  WZTV  WAAY HD  WUXP  WTVF DT2  WSMV TV	2. B'CAST CHANNEL NUMBER 2 4 5 8 17 31.1 30 5.2 4.2	ons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N  N  I  N-M  N-M	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN WSMV  WTVF WNPT  WZTV  WAAY HD  WUXP  WTVF DT2  WSMV TV  WZTV DT2	2. B'CAST CHANNEL NUMBER 2 4 5 8 17 31.1 30 5.2 4.2 17.2	ons, if any, givennel line-ups,  CHANN  3. TYPE OF STATION N N I N I N-M I-M I-M	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	y to which the station is licensed by the h which the station is identifed. channel line-up.  6. LOCATION OF STATION  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN WSMV WTVF WNPT WZTV WAAY HD WUXP WTVF DT2 WSMV TV WZTV DT2 WKRN TV WKRN TV	2. B'CAST CHANNEL NUMBER 2 4 5 8 17 31.1 30 5.2 4.2 17.2 2.2	ons, if any, givennel line-ups,  CHANN  3. TYPE OF STATION  N  N  I  N-M I-M N-M N-M	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN  Huntsville, TN  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN  WSMV  WTVF  WNPT  WZTV  WAAY HD  WUXP  WTVF DT2  WSMV TV  WZTV DT2  WKRN TV  WSMV TV  WSMV TV  WKRN TV  WKRN TV  WKRN TV  WKRN TV DT3	2. B'CAST CHANNEL NUMBER 2 4 5 8 17 31.1 30 5.2 4.2 17.2 2.2 4.3	ons, if any, givennel line-ups,  CHANN  3. TYPE OF STATION  N  N  I  N-M I-M N-M N-M N-M N-M N-M	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN  Huntsville, TN  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN  WSMV  WTVF  WNPT  WZTV  WAAY HD  WUXP  WTVF DT2  WSMV TV  WZTV DT2  WKRN TV  WSMV TV  WKRN TV  WKRN TV  WKRN TV DT3  WKRN TV DT4	2. B'CAST CHANNEL NUMBER  2 4 5 8 17 31.1 30 5.2 4.2 17.2 2.2 4.3 2.3 2.4	ons, if any, givennel line-ups,  CHANN  3. TYPE OF STATION  N  N  I  N-M I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN  Huntsville, AL  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN  WSMV  WTVF  WNPT  WZTV  WAAY HD  WUXP  WTVF DT2  WSMV TV  WZTV DT2  WKRN TV  WSMV TV  WKRN TV  WKRN TV  WKRN TV DT3  WKRN TV DT4  WZTV DT3	2. B'CAST CHANNEL NUMBER  2 4 5 8 17 31.1 30 5.2 4.2 17.2 2.2 4.3 2.3 2.4 17.3	ons, if any, givennel line-ups,  CHANN  3. TYPE OF STATION  N  N  I  N-M I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN  Huntsville, AL  Nashville, TN	additional information		
FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  WKRN  WSMV  WTVF  WNPT  WZTV  WAAY HD  WUXP  WTVF DT2  WSMV TV  WZTV DT2  WKRN TV  WSMV TV  WKRN TV  WKRN TV  WKRN TV DT3  WKRN TV DT4	2. B'CAST CHANNEL NUMBER  2 4 5 8 17 31.1 30 5.2 4.2 17.2 2.2 4.3 2.3 2.4	ons, if any, givennel line-ups,  CHANN  3. TYPE OF STATION  N  N  I  N-M I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	te the name of to use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit space G for each AA 5. BASIS OF CARRIAGE	ty to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Nashville, TN  Nashville, TN  Nashville, TN  Nashville, TN  Huntsville, AL  Nashville, TN	additional information		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26QVGO8F Pulaski Electric System PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 4. DISTANT? 1. CALL 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant) WKRN HD N-M Nashville, TN 2.1 WSMV HD 4.1 N-M Nashville, TN WTVF HD 5.1 N-M Nashville, TN **WZTV HD** Nashville, TN 17.1 I-M WNPT HD 8.1 E-M Nashville, TN

	AL NAME OF OWNER OF CABLE SYSTEM:  aski Electric System		SYSTEM ID# 26QVGO8F	Name
Inst all a (as	OSS RECEIPTS  Tructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.	dary transmission	service	<b>K</b> Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of g	gross receipts)	
<ul><li>Instru</li><li>Con</li><li>If you feet</li><li>If you accommoded</li></ul>	<b>(RIGHT ROYALTY FEE</b> ctions: Use the blocks in this space L to determine the royalty fee you owe:  nplete block 1, showing your minimum fee.  nplete block 2, showing whether your system carried any distant television stations.  our system did not carry any distant television stations, leave block 3 blank. Enter the amount of the block 1 on line 1 of block 4, and calculate the total royalty fee.  our system did carry any distant television stations, you must complete the applicable part of companying this form and attach the schedule to your statement of account.  art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be determined.	s of the DSE Scho	edule	Copyright Royalty Fee
bloc	ek 3 below.  art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en			
3 be	elow.			
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered on III	ne	
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period.			
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	696,267.02	
	Enter the result here. This is your minimum fee.	\$	7,408.28	
Block 2	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the inspace G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> </ul>	4, you must chec	ck .	
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	<u>-</u>	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,	\$	7,408.28	
	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		0.00	Cable systems submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	8,133.28	form for submitting the
	EFT Trace # or TRANSACTION ID # 26QVGO8F			additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Someone of Section 1) general instructions located in the paper SA3 form and the Excel instructions talk	. • ,,	ation.)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Pulaski Electric System	SYSTEM ID# 26QVGO8F								
<b>M</b> Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable  24									
	system carried television broadcast stations									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Irther Name Sharena Gentry Telephone 931-363-2522									
	Address 128 South 1st Street (Number, street, rural route, apartment, or suite number)  Pulaski, TN 38478 (City, town, state, zip)									
	Email sgentry@pesenergize.com Fax (optional) 931-363-4743									
O 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, but only one, of the boxes.)</li> </ul>									
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	<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 the cable system 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 herein</li> </ul>	∍m								
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]									
	X /s/ Robert D. Jones									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	"F2"								
	Typed or printed name: /s/ Robert D. Jones									
	Title: Chief Financial Officer  (Title of official position held in corporation or partnership)									
	Date: January 14, 2021									

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

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Pulaski Electri	c System				26QVGO8F	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and ( sis, as explaine	4), or 76.63 ( d in the next	referring to 76.6 paragraph.	31(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For	e in each case of entering the lecast), "E" (for notes terms, see eation is outside ice area, see parties ave entered "Yhe distant statiction on a part-tipsion of a distant tentered into of a primary trans simulcasts, als	whether the setter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becat multicast stranor before Jumitter or an aco enter "E". If	etwork), "N-M" (all educational), one general instruction 4, you must contact of accounting period ause of lack of a learn that is not such association representation and such accounting period ause of lack of a learn that is not such association representation representation and such accounting period ause of lack of a learn that is not such association representation representation and such accounts and	(for network multidor "E-M" (for noncontions located in the distant"), enter "Yetions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable system of the primatic channel on any of the primatic channel channe	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designa- ther basis, enter "O." For a further	
Column 6: Give th	e location of ea Canadian statio	ich station. Fo	or U.S. stations, re the name of the	list the communit he community witl	ed in the paper SA3 form.  y to which the station is licensed by the  n which the station is identifed.  channel line-up.	
		CHANN	EL LINE-UP	AC		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
			•			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26QVGO8F Pulaski Electric System PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Pulaski Electric	c System				26QVGO8F	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
In General: In space (carried by your cable s	G, identify ever	y television s he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
_	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to an	y distant station	s carried by your	cable system on a substitute program	Television
basis under specifc FC				as Special Statem	ent and Program Log)—if the	
station was carried	•		st it iii space i (ti	ie Speciai Statem	ent and Program Log)—II the	
• List the station here,	and also in spanformation cond	ace I, if the st			tute basis and also on some other of the general instructions located	
		•		. •	es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
			•		tion for broadcasting over-the-air in	
on which your cable sy	stem carried th	ne station.			ependent station, or a noncommercial	
	•	,	, .	,	cast), "I" (for independent), "I-M"	
For the meaning of the	, .		, .	,	ommercial educational multicast). he paper SA3 form.	
					es". If not, enter "No". For an ex-	
planation of local servi						
			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat		•	• •	•		
					y payment because it is the subject	
_					stem or an association representing ry transmitter, enter the designa-	
-			•	• .	ther basis, enter "O." For a further	
					ed in the paper SA3 form.	
					y to which the station is licensed by the hy which the station is identifed.	
<b>Note:</b> If you are utilizing						
,		•	EL LINE-UP	•	·	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION	` ′	(If Distant)		
***************************************						
						•

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26QVGO8F Pulaski Electric System PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LECAL NAME OF OWN		OTEM:			SYSTEM ID#	
Pulaski Electric		STEIVI.			26QVGO8F	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	system during the constant of	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period, except 981, permitting the referring to 76.6 paragraph.	(1) stations carrience carriage of certaintence (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicate for the meaning of the Column 4: If the state planation of local service Column 5: If you he cable system carried the distant state For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the called the column 6: Give the column 6: Give the column 6: Give the called the called the column 6: Give the column 6: Give the column 6: Give the column 6: Give the called the called the column 6: Give the column 6: Give the column 6: Give the column 6: Give the called the called the column 6: Give the column 6: Give the column 6: Give the called the called the called the called the column 6: Give the column 6: Give the called the cal	channel number terms, see atton is outside carea, see particular on a part-tipicion of a distanticion	ations, or auth G—but do listitute basis. ace I, if the state sign. Do not ha station act streams must ber the FCC let WRC is Che station. Whether the setter "N" (for noncommercia page (v) of the station act age (v) of the station or during the me basis bect multicast stream or before Jumitter or an act on the station. For station, given the station of the station, For station, if any, given the station of the station of the station, if any, given the station of the station of the station, for station, if any, given the station of t	ation was carried tute basis station report origination of the reported in the assigned to the reported in the	ne Special Statemed both on a substitute, see page (v) of a program service for the air designation of the television state hington, D.C. This pork station, an indefer "E-M" (for noncotions located in the distant"), enter "Yetions located in the mplete column 5, and Indicate by enactivated channel subject to a royalty etween a cable system of the primary of the primary of the community with the community with	ent and Program Log)—if the  tute basis and also on some other of the general instructions located  es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example  tion for broadcasting over-the-air in a may be different from the channel  ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	lelevision
		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26QVGO8F Pulaski Electric System PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AH 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Nama
Pulaski Electri	c System				26QVGO8F	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
_	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	-	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to an	y distant station	s carried by your	cable system on a substitute program	Television
basis under specifc FC	_			no Special Statem	nent and Program Log)—if the	
station was carried	•		st it iii space i (ii	ie opeciai otateii	ient and Program Log/—ii the	
The state of the s	nformation con				itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			•	·	tion for broadcasting over-the-air in	
-			nannel 4 in Was	hington, D.C. This	s may be different from the channel	
on which your cable sy Column 3: Indicate	•		tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
	•	,	, .	•	cast), "I" (for independent), "I-M"	
(for independent multi- For the meaning of the	, .		, .	,	commercial educational multicast).	
					es". If not, enter "No". For an ex-	
planation of local serv	ice area, see p	age (v) of the	general instruc	tions located in th	e paper SA3 form.	
·			•	•	stating the basis on which your ntering "LAC" if your cable system	
carried the distant stat		•	• •	•	, ,	
For the retransmiss	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject	
•				•	stem or an association representing ary transmitter, enter the designa-	
,			•		other basis, enter "O." For a further	
	•		,		ed in the paper SA3 form.	
					ty to which the station is licensed by the high which the station is identifed.	
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	Al		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26QVGO8F Pulaski Electric System PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Nome
Pulaski Electri	c System				26QVGO8F	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience carriage of cert	s and low power television stations) ed only on a part-time basis under eain network programs [sections	G
substitute program bas	sis, as explaine	d in the next	paragraph.	. , , , , , , , , , , , , , , , , , , ,	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation cond formation cond	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit A-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	ation. For example, report multi- ch stream separately; for example	
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	ion for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multi- For the meaning of the <b>Column 4:</b> If the st	entering the lecast), "E" (for nese terms, see ation is outside	etter "N" (for noncommercial page (v) of the the local ser	etwork), "N-M" ( al educational), o e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc ctions located in t distant"), enter "Yo	es". If not, enter "No". For an ex-	
cable system carried to carried the distant state	ave entered "Y he distant station ion on a part-ti	es" in column on during the me basis bec	accounting perions of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system	
of a written agreement the cable system and tion "E" (exempt). For	t entered into o a primary trans simulcasts, als	n or before Ju mitter or an a o enter "E". If	une 30, 2009, be ssociation repre you carried the	etween a cable system esenting the primation channel on any o	stem or an association representing transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	e location of ea Canadian statio	ich station. Fo	or U.S. stations, re the name of the	list the communit he community with	y to which the station is licensed by the n which the station is identifed.	
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#					
Pulaski Electri	c System				26QVGO8F	Name				
PRIMARY TRANSMITT	ERS: TELEVISION	ON								
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G				
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and ( sis, as explaine	4), or 76.63 ( d in the next	referring to 76.6 paragraph.	31(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television				
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the					
• List the station here,	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located					
each multicast stream	Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example									
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel					
educational station, by (for independent multi- For the meaning of the <b>Column 4:</b> If the st planation of local servi <b>Column 5:</b> If you h cable system carried t	entering the lecast), "E" (for neese terms, see ration is outside ice area, see paye entered "Yhe distant station	etter "N" (for noncommercial page (v) of the the local serage (v) of the es" in column on during the	etwork), "N-M" ( al educational), one general instruction general instruction 4, you must contactory accounting perion	(for network multion or "E-M" (for noncuctions located in the distant"), enter "Ye tions located in the mplete column 5, od. Indicate by en	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system					
of a written agreement the cable system and tion "E" (exempt). For explanation of these th	sion of a distant t entered into o a primary trans simulcasts, als nree categories	multicast str n or before Ju mitter or an a o enter "E". If , see page (v	eam that is not sune 30, 2009, be association represured the you carried the of the general	subject to a royalty etween a cable systementing the prima channel on any o instructions locate	y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the					
	Canadian statio	ons, if any, giv	e the name of t	he community with	which the station is identifed.					
		CHANN	EL LINE-UP	AL						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26QVGO8F Pulaski Electric System PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26QVGO8F Pulaski Electric System PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **26QVGO8F** Pulaski Electric System PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **26QVGO8F** Pulaski Electric System PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Pulaski Electric	c System				26QVGO8F	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
In General: In space (carried by your cable s	G, identify ever	y television s he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
_	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to an	y distant station	s carried by your	cable system on a substitute program	Television
basis under specifc FC				as Special Statem	ent and Program Log)—if the	
station was carried	•		st it iii space i (ti	ie Speciai Statem	ent and Program Log)—II the	
• List the station here,	and also in spanformation cond	ace I, if the st			tute basis and also on some other of the general instructions located	
		•		. •	es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
			•		tion for broadcasting over-the-air in	
on which your cable sy	stem carried th	ne station.			e may be different from the channel ependent station, or a noncommercial	
	•	,	, .	,	cast), "I" (for independent), "I-M"	
For the meaning of the	, .		, .	,	ommercial educational multicast). he paper SA3 form.	
					es". If not, enter "No". For an ex-	
planation of local servi						
			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat		•	• •	•		
					y payment because it is the subject	
_					stem or an association representing ry transmitter, enter the designa-	
-			•	• .	ther basis, enter "O." For a further	
					ed in the paper SA3 form.	
					y to which the station is licensed by the hy which the station is identifed.	
<b>Note:</b> If you are utilizing						
,	0 11 11	•	EL LINE-UP	•		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	]
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION	` ′	(If Distant)		
***************************************						
						1
						•

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **26QVGO8F** Pulaski Electric System PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF Pulaski Electric System		EM:					YSTEM ID# 6QVGO8F	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LOG	 3				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every no ccounting pe	nnetwork televi eriod, under spe	sion program broadcast by ecific present and former F0	a distant stati CC rules, regu	llations, or authori	izations.	. For a further	Substitute
1. SPECIAL STATEMENT	Γ CONCER	NING SUBST	TITUTE CARRIAGE					Carriage:
During the accounting per broadcast by a distant stat	-	ır cable system	n carry, on a substitute bas	is, any nonne		progran <b>Yes</b>		Special Statement and Program Log
Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE			ge blank. If your answer is	"Yes," you m	ust complete the	prograi	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant state gulations, contion. Do not be used to b	attach addition nnetwork televion and that your authorization of use general as Basketball: deast live, enterstation broadcation's location (thous, if any, the when your system of a program carrolisted program ons in effect design and the state of the program ons in effect design and the state of the st	rision program (substitute pour cable system substitute pour cable system substitute is. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Pasting the substitute programe community to which the community with which the tem carried the substitute or gram was carried by your fied by a system from 6:01:	program) that ed for the programins instruction is lice station is lice program. Use cable system 15 p.m. to 6:2 amming that ed; enter the less to for the program in the less to for the program in the less to for the less	ensed by the FCC ntified).  List the times ac 28:30 p.m. should your system was etter "P" if the lister	unting ther sta e paper ogram  C or, in the mor ccurate d be require ed pro	ntion nth	
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —		FOR DELETION	
					——————————————————————————————————————			
					_			
					_			
					_			
					_			
					_	_		
					_	_		
					_			
					_			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26QVGO8F Pulaski Electric System **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama							
Pulaski Electric System	26QVGO8F	Name							
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the systescribers and amounts collected from subscribers receiving secondary transmissions pure.  For more information on when to exclude these amounts, see the note on page (vii) of the general secondary transmission of the ge	system for the basic em shall not include sub- suant to section 119."	Special Statement Concerning Gross Receipts							
paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?									
X NO									
YES. Enter the total here and list the satellite carrier(s) below									
Name Mailing Address Mailing Address Mailing Address Mailing Address									
INTEREST ASSESSMENTS									
You must complete this worksheet for those royalty payments submitted as a result of a late pay For an explanation of interest assessment, see page (viii) of the general instructions in the pape		Q							
Line 1 Enter the amount of late payment or underpayment	х	Interest Assessment							
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- dovo								
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdaysx 0.00274								
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,									
space L, (page 7)	<b>-</b>								
	(interest charge)								
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For for contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	urther assistance please								
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.									
NOTE: If you are filing this worksheet covering a statement of account already submitted to the please list below the owner, address, first community served, accounting period, and ID number filing.									
Owner Address									
First community served Accounting period									
ID number									

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

**ACCOUNTING PERIOD: 2020/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			SY	STEM ID#						
I	Pulaski Electric System				26	QVGO8F						
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line			0.00								
<b>2</b> Computation of DSEs for	nstructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 If space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncomnercial educational station, give the DSE as ".25."											
Category "O"	CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary. Remember to copy all formula into new rows.												

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						9	SYSTEM ID#
Name	Pulaski Elec	tric System						2	6QVGO8F
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all distals: For each station, give the correspond with the information of the correspond with the information of the correspond with the information of the correspond with the figure in column of the corresponding of th	he number of hou mation given in s he total number of umn 2 by the figural mal point. This is station, give the "	urs your cable system and the statement of hours that the statement of hours of h	m carried the stanly one DSE for elion broadcast over give the result in elevalue" for the second retwo	ation during the each station. Ver the air du decimals in station.  The right or noncontroller of the column 6.	ring the accou column 4. Thi nmercial educ	unting period. s figure must cational station, ess than the	
Capacity		C	CATEGORY L	AC STATIONS:	COMPUTATI	ION OF D	SEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS D BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	SE
			÷		=	Х		=	
			÷		_	X		=	
			÷			X		<u>_</u>	
			÷		=	Х		=	
			÷		=	х	(	=	
			÷		=	Х	(	=	
			÷		=	Х		=	
	Add the DSEs	S OF CATEGORY LAC S of each station. um here and in line 2 of p		dule,			0.00		
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Was carried tions in effections in effections in effections.</li> <li>Broadcast of space I).</li> <li>Column 2: at your option.</li> <li>Column 3: Column 4:</li> </ul>	re the call sign of each stated by your system in substact on October 19, 1976 (one or more live, nonnetwork for each station give the This figure should corrected the number of days Divide the figure in column This is the station's DSE	itution for a progras shown by the ork programs during number of live, respond with the interior in the calendar and 2 by the figure	ram that your system letter "P" in columning that optional carr nonnetwork program formation in space I year: 365, except in in column 3, and gi	n was permitted to a various permitted to a various carried in substance a leap year.	to delete und d the word "Ye stitution for po olumn 4. Rou	ler FCC rules es" in column 2 rograms that v	of were deleted than the third	rm).
		SU	BSTITUTE-B	ASIS STATION	S: COMPUTA	ATION OF	DSEs		_
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	_	1. CALL SIGN	2. NUN OF PRO	MBER DGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=			÷		=
				=			÷		=
				=			÷		
				=			÷		=
		-		=			÷		=
	Add the DSEs	of SUBSTITUTE-BAS of each station. um here and in line 3 of p		dule,	▶		0.00		
5		ER OF DSEs: Give the ams applicable to your system		xes in parts 2, 3, and	I 4 of this schedul	le and add the	em to provide t	the total	
<b>Total Number</b>	1. Number o	of DSEs from part 2 ●				<b></b>		0.00	
of DSEs	2. Number o	of DSEs from part 3 ●				<u> </u>		0.00	
	3. Number o	of DSEs from part 4 ●				<b>-</b>		0.00	
	TOTAL NUMBE	ER OF DSEs					<u> </u>		0.00

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

LEGAL NAME OF O		SYSTEM:						YSTEM ID# SQVGO8F	Name		
	-						20	- VGU6F			
Instructions: Block A:	ck A must be comp	oleted.							•		
<ul> <li>If your answer if 'schedule.</li> </ul>	"Yes," leave the re	emainder of pa	art 6 and part 7	of the DSE sched	dule blank and	l complete part	8, (page 16) of th	е	6		
• If your answer if	"No," complete blo	ocks B and C		TELEVIOLONI NA	ADICETO				Computation of		
Is the cable syster	n located wholly o	utside of all m		ELEVISION M.		ction 76.5 of EC	C rules and regul	lations in	3.75 Fee		
effect on June 24,		atolac of all fi	lajor and sinan	or markets as dem	nea anaci sec	511011 7 0.0 01 1 0	o raics and regal				
	-		O NOT COMP	LETE THE REMAI	INDER OF PA	RT 6 AND 7.					
No—Complete blocks B and C below.											
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	Es					
Column 1: CALL SIGN  List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)											
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station.  BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]  B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)											
<ul> <li>C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</li> <li>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</li> <li>E Carried pursuant to individual waiver of FCC rules (76.7)</li> <li>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</li> <li>G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]</li> <li>M Retransmission of a distant multicast stream.</li> </ul>											
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 of			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE			
			1			ll.		0.00			
								0.00			
		E	BLOCK C: CO	MPUTATION OF	F 3.75 FEE						
Line 1: Enter the	total number of	DSEs from <sub>I</sub>	oart 5 of this s	schedule							
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve				-			
Line 3: Subtract (If zero, le				of DSEs subject 7 of this schedule		ate.	,	0.00			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)						Do any of the DSEs represent		
Line 5: Multiply li	ne 4 by 0 0375 a	and enter su	m here				x 0.03	3/5	partially permited/ partially		
	·						Х		nonpermitted carriage?		
Line 6: Enter tota	al number of DSE	Es from line	3						If yes, see part 9 instructions.		
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00			

2. PERMITTED

BASIS

Pulaski Electric System

1. CALL

SIGN

	I	Ļ	1	ļ	Į.	<u> </u>

LEGAL NAME OF OWNER Pulaski Electric Sy		SYSTEM:					YSTEM ID# 6QVGO8F	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourtl	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 Enter here and in block			ber group a	as shown in the boxes a	bove.	\$	0.00	

LEGAL NAME OF OWN Pulaski Electric \$		LE SYSTEM:					6QVGO8F	Name	
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR				
	FIFTH	SUBSCRIBER GRO			SIXTH	SUBSCRIBER GRO	BER GROUP		
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA 0				9 Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant Stations	
								Gianono	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	<b>\$</b>	0.00		
Sroos recorpto r not	этоар			ll cross rescipie ees	ona Group				
Base Rate Fee First (	3roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	SEVENTH	SUBSCRIBER GRO	)UP		EIGHTH	SUBSCRIBER GRO	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Γotal 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		
				<u> </u>					
Base Rate Fee: Add	the <b>hase ra</b>	te fees for each subs	scriber group	as shown in the boxes	s above				
Enter here and in bloc			Johnson group	as shown in the boxes	J GDOVE.	\$			
						•			

LEGAL NAME OF OWNER Pulaski Electric Sy		E SYSTEM:					YSTEM ID# 6QVGO8F	Name		
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP				
THIF	THIRTEENTH SUBSCRIBER GROUP			FOURTEENTH SUBSCRIBER GROUP				^		
COMMUNITY/ AREA			0	COMMUNITY/ AREA0				9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs	•		0.00	Total DSEs	•		0.00			
							_			
Gross Receipts First Gr	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			
FI	FTEENTH	SUBSCRIBER GROU	JP	S	IXTEENTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			<u> </u>							
			<u> </u>							
			<u> </u>							
			<u> </u>							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
				••						
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	oove.	\$				
3.13 11 01001	z, <b>o</b> 1, 0	(F~80 · /								

Name	, 41 0 0 01	26					stem	Pulaski Electric Sy
				TE FEES FOR EACH				
9	P <b>0</b>	TWENTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  0				SUBSCRIBER GROU	TY-FIRST	TWENT COMMUNITY/ AREA
Computat		T	I 505 I			I a a.a	I 505 I	
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
Syndicat								
Exclusiv						-		
Surchar								
for								
Partiall								
Distan Station								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-FOURTH	TWENT	IP	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			COMMUNITY/ AREA	<b>0</b>			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
	$\neg \neg  $							

LEGAL NAME OF OW Pulaski Electric		LE SYSTEM:					SYSTEM ID# 26QVGO8F	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
TW	ENTY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
, , , , , , , , , , , , , , , , , , ,	, C. C. G.	<u>*</u>				<u>*</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENT	Y-SEVENTH	SUBSCRIBER GRO	)UP	TWE	NTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	<b></b>		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						П		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
_			_					
Base Rate Fee: Add Inter here and in blo			scriber group	as shown in the boxes	s above.	\$		
Horo and in bit	.o. o, iii i o i, i	cpass = (page 1)				*		

Pulaski Electric		.E SYSTEM:					SYSTEM ID# 6QVGO8F	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
TWE	NTY-NINTH	SUBSCRIBER GRO	UP		THIRTIETH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
			·····					for
								Partially
								Distant
								Stations
						. –		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRTY-FIRST	SUBSCRIBER GRO	UP	THIF	RTY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	2.3%P	<u> </u>			<b>3.3</b> 4p	<u>*</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	s above.	\$		

								Pulaski Electric Sy
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROL	Y-THIRD	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat			-					
Exclusiv								
Surchar for								
Partiall			-					
Distan								
Station								
							_	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	RTY-SIXTH	THII	IP	SUBSCRIBER GROL	TY-FIFTH	THIR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
							_	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G

LEGAL NAME OF OWN Pulaski Electric		LE SYSTEM:					SYSTEM ID# 6QVGO8F	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
THIRT	Y-SEVENTH	SUBSCRIBER GRO	UP	TH	IRTY-EIGHTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
2.000 R000ipto Tillic	. С.очр	<u>*</u>			<b>5</b> 154p	<del>*</del>		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN Pulaski Electric		LE SYSTEM:					SYSTEM ID# 26QVGO8F	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FC	ORTY-FIFTH	SUBSCRIBER GRO		F	ORTY-SIXTH	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORT	Y-SEVENTH	SUBSCRIBER GRO	UP	FC	RTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.2.4.2	<b>r</b>				<del></del> -	· ·		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add	the base ra	te fees for each subs	criber aroun	as shown in the boxes	s above.			
Enter here and in blo			J. J. Jup			\$		

Pulaski Electric		E SYSTEM:					SYSTEM ID# 6QVGO8F	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FO	RTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	IFTY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
,	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add	the <b>base ra</b>	te fees for each subs	criber group	as shown in the boxes	s above.			
Enter here and in bloo			<b>.</b> .			\$		

Pulaski Electric S		E SYSTEM:					6QVGO8F	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAG	CH SUBSCR	IBER GROUP		
FI	FTY-THIRD	SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-FIFTH	SUBSCRIBER GRO	UP		FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add		te fees for each subs space L (page 7)	criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Pulaski Electric		LE SYSTEM:					SYSTEM ID# 26QVGO8F	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FIFT	Y-SEVENTH	I SUBSCRIBER GRO	DUP	F	IFTY-EIGHTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
	_							
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	FIFTY-NINTH	I SUBSCRIBER GRO	DUP		SIXTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add	I the base ra	te fees for each subs	scriber aroup	as shown in the boxes	s above.			
Enter here and in blo			Janaan group	3.5 5.1.5 WH III WIO DOXES	2 4.0 7 0.	\$		

LEGAL NAME OF OWNER Pulaski Electric Sy		E SYSTEM:					STEM ID# QVGO8F	Name
В				ATE FEES FOR EACH				
COMMUNITY/ A DE A	FIRST	SUBSCRIBER GROU		COMMANDATIVE A DE C	SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP	,	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
					•		,	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	_						,	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes at	oove.	\$	0.00	

LEGAL NAME OF OWI Pulaski Electric		E SYSTEM:					SYSTEM ID# 6QVGO8F	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		<u> </u>		SUBSCRIBER GROU		
COMMUNITY/ AREA	<i>\</i>		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	<b>\$</b>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.000 Rooopto Tillic	- 0.0up	*		TO COOLING TOUR	.a. Group	<del>*</del>		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Pulaski Electric		E SYSTEM:					SYSTEM ID# 6QVGO8F	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs		11	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							$\neg \neg  $	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

Name	YSTEM ID# 6QVGO8F					E SYSTEM:		LEGAL NAME OF OWNEF Pulaski Electric Sy
				E FEES FOR EACH				
9		SUBSCRIBER GROU	IRTEENTH			SUBSCRIBER GROU	RTEENTH	
Computati	0			COMMUNITY/ AREA	0		***************************************	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate			-				-	
Exclusivition Surcharg			-					
for								
Partially			-					
Distant								
Stations							-	
			-					
			-				-	
	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>Base Rate Fee</b> First Gr
	P	SUBSCRIBER GROU	IXTEENTH	5	JP	SUBSCRIBER GROU	TEENTH	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
			-				-	
			-				_	
			-					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
		<del></del>						

LEGAL NAME OF OWN Pulaski Electric S		E SYSTEM:					SYSTEM ID# 6QVGO8F	Name
				TE FEES FOR EAC				
	ENTEENTH	SUBSCRIBER GRO		H		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		.						and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Sec	ond Group	<b>\$</b>	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
N	IINTEENTH	SUBSCRIBER GRO		-	TWENTIETH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	¢	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		\$	0.00	Tago Rate 1 de 1 da	Οισαρ	Ψ	0.00	
Base Rate Fee: Add to Enter here and in block	the <b>base rat</b> k 3, line 1, s	te fees for each subs	criber group	as shown in the boxes	s above.	\$		

	SYSTEM ID# ulaski Electric System 26QVGO8F								
				ATE FEES FOR EAC					
		SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and Syndicated	
								Exclusivity	
								Surcharge	
								for	
						.		Partially	
								Distant Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
TWE	NTY-THIRD	SUBSCRIBER GRO	UP	TWEN	ITY-FOURTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	<b>\$</b>	0.00	Gross Receipts Four	rth Group	\$	0.00		
Oross Necelpis Hill	. Group	<b>.</b>	<u> </u>	TOTOGS TRECEIPES FOUI	ит Этоир	<u>Ψ</u>	<u> </u>		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWI Pulaski Electric		E SYSTEM:	•				SYSTEM ID# 6QVGO8F	Name
-				ATE FEES FOR EAC				-
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.0			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IIRTY-FIRST	SUBSCRIBER GRO	DUP	THIR	RTY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE Pulaski Electric S		E SYSTEM:	•				SYSTEM ID# 6QVGO8F	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
	NTY-FIFTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
	<u></u>							Surcharge for
	····							Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENTY	SEVENTH	SUBSCRIBER GRO	UP	TWE	NTY-EIGHTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
			·····					
	····							
			·····					
Total DSEs			0.00	Total DSEs	<u>'</u>		0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.000 Noosipio Tilia	up	<u></u>			<b>3</b> ,04p	<u>*</u>		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		e fees for each subs	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Pulaski Electric		E SYSTEM:	•				SYSTEM ID# 6QVGO8F	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		††		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
			<u></u>					Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
			<u></u>		<u></u>			Stations
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.0				Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
T⊦	IIRTY-FIFTH	SUBSCRIBER GRO	UP	Th	HIRTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
		<u> </u>						
			<u></u>					
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
,	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

	SYSTEM ID# ulaski Electric System 26QVGO8F								
				ATE FEES FOR EAC					
		SUBSCRIBER GRO		H		I SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
			<u></u>					Distant Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.0			0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ТН	IRTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u></u>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$			

	GAL NAME OF OWNER OF CABLE SYSTEM:  Ulaski Electric System  26QVGO8F								
				ATE FEES FOR EAC					
		SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
		-						Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
		.						Distant Stations	
								Otations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00					
Base Rate Fee First	·	\$	0.00	Base Rate Fee Sec	·	\$	0.00		
		SUBSCRIBER GRO		<del>  </del>		I SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
					-				
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$			

LEGAL NAME OF OWN Pulaski Electric S		E SYSTEM:					SYSTEM ID# 6QVGO8F	Name
				ATE FEES FOR EAC				
	RTY-FIFTH	SUBSCRIBER GRO				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.0			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	-SEVENTH	SUBSCRIBER GRO				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	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	
Base Rate Fee: Add to Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Pulaski Electric		E SYSTEM:					SYSTEM ID# 6QVGO8F	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						.		and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
		-						Otations
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Seco	ond Group	\$		
- City					•		0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		Ħ		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	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI Pulaski Electric		E SYSTEM:	•				SYSTEM ID# 6QVGO8F	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO	OUP <b>0</b>			SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY/ AREA			U	COMMUNITY/ ARE	Α		<u> </u>	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.0			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		<u> </u>		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	II as shown in the boxes	s above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM:  Ulaski Electric System  26QVGO8F								
				ATE FEES FOR EAC					
		SUBSCRIBER GRO		1		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant Stations	
		-						Otations	
Total DSEs			0.00	Total DSEs			0.00		
			0.00	Gross Receipts Second Group \$ 0.00					
Sase Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec		\$	0.00		
		SUBSCRIBER GRO				SUBSCRIBER GROU			
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						. –			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OW Pulaski Electric		E SYSTEM:	•				SYSTEM ID# 6QVGO8F	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GROU		9
COMMUNITY/ AREA	<i></i>		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
		.						Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.0			0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
S	SIXTY-THIRD	SUBSCRIBER GRO	)UP	SIX	KTY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	<b></b>		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM:  Pulaski Electric System  BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
9		SIXTY-SIXTH SUBSCRIBER GROUP				SIXTY-FIFTH SUBSCRIBER GROUP			
Computati	COMMUNITY/ AREA0				0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I			-						
and			-						
Syndicate									
Exclusivit Surcharg			-						
for			-						
Partially			-						
Distant									
Stations			-						
			-						
			-						
	otal DSEs				0.00	otal DSEs 0.00			
	Gross Receipts Second Group \$ 0.00			0.00	\$	Gross Receipts First Gro			
	Base Rate Fee Second Group \$ 0.00				se Rate Fee First Group \$ 0.00			<b>3ase Rate Fee</b> First Gro	
	SIXTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0				SIXTY-SEVENTH SUBSCRIBER GROUP				
					COMMUNITY/ AREA 0				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
			-						
			-						
			-						
			-						
			-						
			-				-		
			-						
	0.00			Total DSEs	0.00		1	Total DSEs	
	Gross Receipts Fourth Group \$ 0.00			Receipts Third Group \$ 0.00			Gross Receipts Third G		
			•	•			•		
	[ ]	Base Rate Fee Fourth Group \$ 0.00							