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

### SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
2/26/2021	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period	2020/2				
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busine. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  North State Communications, LLC  North State Communications	ss of the cable syster on the last day of to	em. he accounting period should so		63110
				63110	020202
				63110	2020/2
	4100 Mendenhall Oaks Parkway, Suite 300 High Point, NC 27265				
С	<b>INSTRUCTIONS:</b> 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				
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. Identify	y only the frst com	munity served below and r	elist on pag	ge 1b
Area	with all communities.	1			
Served	CITY OR TOWN High Point	NC STATE			
First Community	Below is a sample for reporting communities if you report multiple ch		Space C		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	A		1
Janiple	Alliance	MD	В		2
	Gering	MD	В		3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
North State Communications, LLC			63110	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	orated communiti t community that t community on a	es within unincorp you list will serve all future filings.	orated as a form	D Area Served
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. İ	f you report any st	ations	
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#	
High Point	NC			First
Archdale	NC			Community
Asheboro Greensboro	NC NC			
Jamestown	NC NC			
Kernersville	NC			See instructions for
Randleman	NC			additional information
Thomasville	NC			on alphabetization.
Trinity	NC			
				Add rows as necessary.

	_		
I			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

North State Communications, LLC

SYSTEM ID# 63110

### Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOCK 2			
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE		CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	10,237	\$ 25.0	)0	Fiber-TV	10,090	\$	90.70
<ul> <li>Service to additional set(s)</li> </ul>				High Definition (Residential)	5,038	\$	5.99
<ul> <li>FM radio (if separate rate)</li> </ul>				Business Entertainment (Bus.)	49	\$	57.00
Motel, hotel				Business Lite (Bus.)	1	\$	72.00
Commercial				Business Office HD (Bus.)	114	\$	82.00
Converter				Hospitality HD Plus (Bus.)	29	\$	82.00
Residential							
Non-residential		<b>†</b>					
		<b>†</b>					

# F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1							
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE							
Continuing Services:		Installation: Non-residential						
Pay cable		Motel, hotel	\$	399.00	Extra Variety Tier	\$	9.00	
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			Ultimate Tier	\$	7.00	
Fire protection		Pay cable			Hispanic Tier	\$	5.00	
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			НВО	\$	18.00	
Installation: Residential		Fire protection			Cinemax	\$	16.00	
<ul> <li>First set</li> </ul>		Burglar protection			Starz	\$	16.00	
<ul> <li>Additional set(s)</li> </ul>		Other services:			Showtime/TMS	\$	10.99	
• FM radio (if separate rate)		Reconnect	\$	38.00	Basic DVR	\$	12.00	
Converter		Disconnect			Enhanced DVR	\$	22.00	
		Outlet relocation	\$	20.00	Additonal Set Top Box	\$	11.00	
		Move to new address	\$	50.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63110 North State Communications, LLC 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 € **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 th∈ station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WGPX-TV 26 I NO **Burlington, NC** WCWG 16 NO Lexington, NC ı See instructions for additional information WXLV-TV 29 Ν NO Winston Salem, NC on alphabetization. WXLV-3 29.3 N-M NO Winston Salem, NC Ν WXII 16 NO Winston Salem, NC WXII-2 16.2 NO N-M Winston Salem, NC WUNL-TV NO Winston Salem, NC 33 Ε WUNL-2 33.2 Ε NO Winston Salem, NC WUNL-3 E-M NO 33.3 Winston Salem, NC WMYV NO 28 I Greensboro, NC WMYV-2 28.2 I-M NO Greensboro, NC **WGHP** 35 Ν NO Greensboro, NC WGHP-2 35.2 N-M NO Greensboro, NC WGHP-3 35.3 N-M NO Greensboro, NC WLXI 20 I NO Greensboro, NC WFMY-TV 51 Ν NO Greensboro, NC WFMY-2 51.2 N-M NO Greensboro, NC WFMY-3 51.3 N-M NO Greensboro, NC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

North State Communications, LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

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 FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WXLV-2	29.2	N-M	NO		Winston Salem, NC
WXLV-4	29.4	N-M	NO		Winston Salem, NC
WUNL-4	33.4	E-M	NO		Winston Salem, NC
WMYV-3	28.3	I-M	NO		Greensboro, NC
WFMY-4	51.4	N-M	NO		Greensboro, NC

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2020/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
North State Co	mmunicatio	ns, LLC			63110	Name
PRIMARY TRANSMITTE	RS: TELEVISION	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List 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 multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	system during to the control of the	he accounting In June 24, 19 (4), or 76.63 (4), or 76.63 (4) and Interest to any ations, or authors accelling the statement of the statement o	g period except 181, permitting to 76.6 paragraph y distant station norizations: at it in space I (the ation was carried tute basis static report origination coording to its own to be reported in the assistance of lack of annel 4 in Wasi tation is a network), "N-M" all educational), regeneral instructive area, (i.e. "general instructive area (i.e. "general instructive	(1) stations carrie the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statemed by the television statemed by the television statemed by the Special State	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity y payment because it is the subject team or an association representing any transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the holds which the station is identifec	Primary Transmitters: Television
		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	

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2020/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
North State Co	mmunicatio	ns, LLC			63110	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subsitute Sub	G, identify ever eystem during to ions in effect or ions; with the CC rules, regular here in space only on a substand also in spation and also in spation associated with a cash of the cash, "E" (for not in each case or in each cas	y television s he accountin June 24, 19 (4), or 76.63 (4), or autions, if the steering substitute basis ace I, if the steering substitute basis ace I, if the steering substitute basis must be the FCC be, WRC is Chapter (N) (for roncommercial page (v) of the the local serial page (v) of the the local serial page (v) of the es" in column or during the me basis becat multicast string or before Junitter or an account of the page (v) of the station. For the page (v) of the station. For the page (v) of the station. For the page (v) of the pasis becat multicast string or before Junitter or an account of the page (v) of the station. For the page (v) of the page	g period except 981, permitting to 76.6 paragraph y distant station horizations: stit in space I (the ation was carried itute basis station to be reported in the sassigned to hannel 4 in Wasistation is a network), "N-M" all educational), he general instructivice area, (i.e. "a general instruction of a general instruction of the general instruction of the general instruction of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations of the general or U.S. stati	(1) stations carried the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statemed by the television statemed by the television statemed by the Special Statemed by the Special Statemed by the Special Statemed by the Special Special Statemed by the Special Spec	es". If not, enter "No". For an ex se paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity by payment because it is the subject stem or an association representing any transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the the which the station is identifec	Primary Transmitters: Television
Total in you are utilizing	ig manipie ona	-	EL LINE-UP		Tonamer interap.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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

FORM SA3E. PAGE 3.					Accoon	110 T ENIOD: 2020)
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo
North State Co	mmunicatio	ns, LLC			63110	
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in the paper SA3 fo 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 multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and st tion "E" (exempt). For explanation of these th Column 6: Give the	system during to ions in effect of 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and also in spanformation conduction of the station's call associated with a cast of the station of a cast of the station of a distant station of a distant station of a distant and the cast of the station of a distant station of a distant station of a distant and the cast of the station of a distant	he accounting in June 24, 19 (4), or 76.63 (	g period except 981, permitting to 76.6 paragraph y distant station norizations: st it in space I (the ation was carried tute basis static report origination coording to its own to be reported in the assigned to the annel 4 in Wasi station is a network), "N-M" all educational), he general instructive area, (i.e. "general instruction 1, you must conduct a 4, you must conduct of lack of earn that is not une 30, 2009, bus association repressive the name of the period of the general conduction of the general co	(1) stations carried the carriage of cer of 1(e)(2) and (4))]; as carried by your the Special Statement of the Special Spec	es". If not, enter "No". For an ex se paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity by payment because it is the subject stem or an association representing ary transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the which the station is identified.	Primary Transmitters: Television
		CHANN	EL LINE-UP	AE		
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	
						J

FORM SA3E. PAGE 3.					/.cc55	NO 1 EMIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	Name
PRIMARY TRANSMITTE	RS: TELEVISION	ON				
In General: In space of carried by your cable of FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bassubstitute Basis of Substitute Basis of Substi	G, identify ever system during to cons in effect of the constant of the consta	y television sinhe accounting the accounting of the account of the	g period except general instruction as assigned to the general instruction is a network of the general instruction as a seconding period at the general instruction as a seconding to its own and a seconding to its own as assigned to the general instruction as a seconding to its own and a seconding to its own as assigned to the general instruction as a seconding period as a	(1) stations carried the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statement of the Special Stat	es". If not, enter "No". For an ex the paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	e space G for each	n channel line-up.	
		CHANN	EL LINE-UP	AF		
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	

North State Communications, LLC  PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a primary substitute program basis, as explained in the next paragraph  Transm	LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on substitute program basis under specific FCC rules, regulations, or authorizations.  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For Intrinse interest in the paper SA3 form.  Column 1: List each station's call sign, Do not report origination program services such as HBO, ESPN, etc. Identificates the major interest in the paper SA3 form.  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air it its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational m	North State Co	nmunicatio	ons, LLC			63110	Name
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificates thream sesociated with a station according to its over-the-air designation. For example, RPC. Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air its community of license. For example, WRC is channel 4 in Washington, D. C. This may be different from the channe on which your cable system carried the station. For example, the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, give primary transmitter or an association representing the terms in a paper says form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter the designal ion or a part-lime basis because of lack of according to the scale system carried the distant station, an a part-lime basis because of lack of according to the scale system carried the distant station in a paper says 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; possible to a royalty payment because it is the subject of the meaning of these terms, see page (v) of the general instructions located in the paper Sa3 form.  Column 6: If you have entered "Yes" in column 4; you was one paper says form Column 5: If you have entered "Yes" in column 4; If the station is outside the local service area, see page (v) of the general instructions located in the paper Sa3 form Column 6: Give the location of each station or an association representing the primary transmitter on an association representing the primary transmitter or an association representing the primary transmitter or an association representing the primary transmitter or an association represen	PRIMARY TRANSMITTE	RS: TELEVISI	ON				
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AG  1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	In General: In space Coarried by your cable s FCC rules and regulati FC6.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th	G, identify ever ystem during to ons in effect on 6.61(e)(2) and sis, as explained tations: With CC rules, regulthere in space only on a substand also in space only on a substand associated with case. Simulcast e channel number e. For example stem carried to in each case entering the least), "E" (for mose terms, see attoin is outside the case, see pave entered "Y in the distant station on a part-tip on a part-tip on on a part-tip on on a part-tip on a part-tip on on a part-tip on a	ry television s the accountin on June 24, 19 (4), or 76.63	g period except gest, permitting to (referring to 76.6 paragraph y distant station horizations: st it in space I (to exact the station was carried it to be reported in the sassigned to exact the station is a network), "N-M" all educational), he general instruction of the sassigned to exact the station is a network), "N-M" all educational), he general instruction of the	(1) stations carried the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statement of the Special Specia	and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program then and Program Log)—if the ditute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identification. For example, report multification. For example, report multification for broadcasting over-the-air in a may be different from the channe dependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form stating the basis on which you natering "LAC" if your cable system or an association representing the pasis, enter "O." For a further ed in the paper SA3 form	G Primary Transmitters Television
CHANNEL LINE-UP AG  1. CALL SIGN 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE					•		
1. CALL 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	Total in you are dained			•		i shamor iino up.	
SIGN CHANNEL OF (Yes or No) CARRIAGE				EL LINE-UP	AG		
		CHANNEL	OF		CARRIAGE	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.				/legesiti.	NG PERIOD: 2020/2		
LEGAL NAME OF OWNER OF CABLE SY	STEM:			SYSTEM ID#	N		
North State Communication	ns, LLC			63110	Name		
PRIMARY TRANSMITTERS: TELEVISION	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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63(e)(2) and (4), 76.61(e)(2) and (4), 76.63(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis:  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identified 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 it its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent							
Note: If you are utilizing multiple cha	nnel line-ups	use a separate	space G for each	n channel line-up.			
	CHANN	EL LINE-UP	AH				
1. CALL 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 OWNER OF CABLE SYSTEM.  North State Communications, LLC  SYSTEM ID# (S3110)  Name  PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low, gower blevision stations) carried by your cable system during the accounting partied except (in the station of the station is a station of the station and the station of the station	FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2020/	
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.16(e)(2) and (4)); and (2) certain stations carried on the substitute program basis under specific FCC rules, regulations, or authorizations:  10 not flist the station here, and also in space (1) if the station was carried only on a substitute basis: 11st the station here, and also in space (1) if the station was carried only on a substitute basis: 11st the station here, and also in space (1) if the station was carried only on a substitute basis: 11st the station here, and also in space (1) if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream associated with a station according to its over-the-air designation. For example, report multi cast stream associated with a station according to its over-the-air designation. For example, report multi cast stream associated with a station according to its over-the-air designation for broadcasting over-the-air it its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for ne		ER OF CABLE SY	STEM:			SYSTEM ID#		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section] 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations:  3	North State Co	mmunicatio	ns, LLC			63110	Name	
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 jection: 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations.  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: List each station or between the FCC has assigned to the television station for broadcasting over-the-air it its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which you cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational brutilicast). The for independent multicast). The station is outside the local service area, (e. "distant"), enter "Ves." (froot, enter "No". For an explanation of local service area, (e. "distant"), enter "Ves." (froot, enter "No". For an explana	PRIMARY TRANSMITTE	ERS: TELEVISION	ON					
CHANNEL LINE-UP AI  1. CALL SIGN  2. B'CAST CHANNEL OF CHANNEL OF CHANNEL CHANTER OF CHANNEL OF CHANNEL OF CHANNEL OF CHANNEL OF CHANNEL OF C	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),76,50(d)(2) and (4),76,63(e)(2) and (4),76,63(e)(2) and (4),76,63(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  ■ Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis:  ■ List the station here and also in space I, if the station was carried by your cable system and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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 channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational in independent multicast) (the case see page							
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	Note: If you are utilizing	ig multiple cha	•	•		т спаппет ппе-ир.	1	
SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	Al		-	
		CHANNEL	OF		CARRIAGE	6. LOCATION OF STATION		

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

FORM SA3E. PAGE 3.					Accookii	1101 211100. 2020,	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
North State Co	mmunicatio	ns, LLC			63110	Name	
PRIMARY TRANSMITTE	RS: TELEVISION	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 specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificath suffers and saving the 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 channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicas							
Note: If you are utilizing	.ga.a.p.o oa	•	EL LINE-UP	•			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						140 T EMIOD: 2020/2
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	
PRIMARY TRANSMITT	ERS: TELEVISION	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), 07.613 (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 specife FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station  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 "Tw" (for network), "N-M" (for network multicast), "E" (for independent), "-M (for independent						
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					Acces	140 T EMIOD: 2020/2
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	Name
PRIMARY TRANSMITT	ERS: TELEVISION	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 pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each 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 if its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast) For the meaning of these terms, see page (v) of the general instructions located in the pa						
Note: If you are utilizing	ig multiple cha	•	EL LINE-UP		r criainici inic-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					ACCOUN	TING PERIOD: 2020/
LEGAL NAME OF OWN					SYSTEM ID	Name
North State Co	mmunicatio	ns, LLC			63110	0
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during to ions in effect of 6.61(e)(2) and to 6.61(e)(2) and to 6.61(e)(2) and to 6.61(e) as explained to 6.61(e) as ex	the accounting June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (4), or 76.63 (4), or autions, if the stocking substance I, if the stocking sub	g period except 981, permitting t (referring to 76.6 paragraph y distant station horizations: st it in space I (t exation was carrie itute basis statio report originatio coording to its ov t be reported in has assigned to	(1) stations carried the carriage of ceres (1) and (4))]; as carried by your the Special Statened both on a substants, see page (v) on program serviciver-the-air design column 1 (list each) the television states.	is and low power television stations) and only on a part-time basis under retain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example	Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	ystem carried to a in each case of entering the lecast), "E" (for noise terms, see ation is outside ce area, see power entered "Y he distant staticion of a distant centered into one a primary transistimulcasts, also ree categories de location of each canadian static	he station whether the setter "N" (for roncommercial page (v) of the teleocal set age (v) of the desire in column on during the me basis bect multicast strain or before Jamitter or an age on enter "E". It is, see page (vach station. Fons, if any, gir	station is a network), "N-M" all educational), ne general instructivice area, (i.e. dependent of the state of lack of accounting perseause of lack of the state of lack of l	ork station, an inc (for network multi or "E-M" (for noncuctions located in 'distant"), enter "Y ctions located in the indicate by ending activated channel subject to a royal tetween a cable sy esenting the prime channel on any of instructions locat , list the communit	Yes". If not, enter "No". For an ex the paper SA3 form that is, stating the basis on which you entering "LAC" if your cable system apacity to payment because it is the subject your or an association representing ary transmitter, enter the designation of the basis, enter "O." For a furthed ted in the paper SA3 form the which the station is identified.	
		CHANN	EL LINE-UP	AM		
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	

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FORM SA3E. PAGE 3.					Account	1114G 1 EMIOD: 2020)	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID	Nama	
North State Co	mmunicatio	ns, LLC			63110	)	
PRIMARY TRANSMITTE	ERS: TELEVISION	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 program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations.  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as well-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 channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M (for independent multicast), "" (for noncommercial educ							
		CHANN	EL LINE-UP	AN			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.	ED 05 0 : -::	/OTF14			OVOTEM IN	<u> </u>
North State Co					SYSTEM ID# 63110	Name
PRIMARY TRANSMITTI In General: In space ( carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc F Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo 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 multi For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	ERS: TELEVISION CAN INTERIOR STELEVISION CAN INTERIOR STELEVISION CAN INTERIOR STELEVISION CAN INTERIOR CAN I	y television sethe accounting June 24, 15 (4), or 76.63 (ed in the next respect to an actions, or auting G—but do lies stitute basis ace I, if the stocerning substrained in the set cerning substrained in the set cerni	g period except gest, permitting to (referring to 76.6) paragraph y distant station horizations: st it in space I (the ation was carried itute basis station report origination coording to its over the permitted in the sassigned to mannel 4 in Wasis station is a network of the permitted in 4, you must concaccounting permitted in 4, you carried the your stations, stations,	(1) stations carried the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statened by the Special Special Statened by the Special Statened by the Special Special Special Statened by the Special Sp	s and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute progran ment and Program Log)—if the ditute basis and also on some othe 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 ir a may be different from the channe dependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form (es". If not, enter "No". For an ex the paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity ty payment because it is the subjec yestem or an association representin any transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form ty to which the station is licensed by the	G Primary Transmitters: Television
Note: If you are utilizing					th which the station is identifec n channel line-up.	
		CHANN	EL LINE-UP	AO		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis is basis under specific 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 ead each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local servince the distant station of local servince the distant station of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to ions in effect of 6.61(e)(2) and disis, as explained stations: With CC rules, regular here in space only on a substand also in spation and also in spation and also in spation and also in spation. The station's call associated with associated with associated with a carried to ein each case of entering the legister carried to ein each case of entering the legister area, see pave entered "Yhe distant staticion on a part-tition of a distant at entered into on a primary transfer extended to the categories on the categories of each of the categories of	y television so the accounting of the accounting the accounting the account of the accounting of the accounting the accounting the account of the accounting	g period except gest, permitting to (referring to 76.6) paragraph y distant station horizations: st it in space I (the ation was carried itute basis station report origination coording to its over the permitted in the sassigned to mannel 4 in Wasis station is a network of the permitted in 4, you must concaccounting permitted in 4, you carried the your stations, stations,	(1) stations carrie he carriage of cer 61(e)(2) and (4))]; is carried by your he Special Staten and both on a substant, see page (v) on program service ver-the-air designation of the television state of the television succeed in the television state of the television st	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	G Primary Transmitters: Television
Note: If you are utilizing						
		CHANN	EL LINE-UP	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWNE	R OF CABLE SY	STEM:			SYSTEM ID#	Name
North State Cor	nmunicatio	ns, LLC			63110	- Tunio
PRIMARY TRANSMITTE	RS: TELEVISION	ON				
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried of List the station here, a basis. For further int in the paper SA3 for Column 1: List each	ystem during to the constant of the constant o	he accounting June 24, 19 (4), or 76.63 (4), or 76.63 (5) and in the next respect to any ations, or auth G—but do listitute basis ace I, if the steerning substition, Do not	g period except 981, permitting to referring to 76.6 paragraph y distant station norizations: at it in space I (the ation was carried tute basis station report origination	(1) stations carrie the carriage of cer 51(e)(2) and (4))]; s carried by your the Special Statem and both on a substans, see page (v) on program service	s and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the ditute basis and also on some othe of the general instructions located as such as HBO, ESPN, etc. Identification. For example, report multi	G Primary Transmitters: Television
cast stream as "WETA-WETA-simulcast).  Column 2: Give the its community of license on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service Column 5: If you had cable system carried the carried the distant statiful For the retransmission of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	e.2". Simulcast channel number. For example stem carried the in each case we entering the least), "E" (for nose terms, see the seed on the example of the control of the example of the example of the entered "Y the distant static on on a part-tion of a distant entered into on primary transpirmulcasts, also ree categories a location of each anadian static	streams mus ber the FCC I e, WRC is Ch ne station whether the s etter "N" (for n oncommercia page (v) of the the local ser age (v) of the es" in column on during the me basis bec t multicast str n or before Ju mitter or an a o enter "E". If t, see page (v och station. Fo ons, if any, giv	t be reported in the assigned to the annel 4 in Wasi station is a network, "N-M" all educational), the general instruction area, (i.e. "general instruction at 4, you must contain a decounting periause of lack of the amount in the accounting periause of lack of the general instruction accounting periause of lack of the general in the accounting periause of lack of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations of the general or U.S. stations, we the name of the general or U.S. stations of the general of the general or U.S. stations of	the television standington, D.C. This ork station, an ind (for network multion "E-M" (for noncictions located in the interest of the interest	ch stream separately; for example tion for broadcasting over-the-air ir may be different from the channe ependent station, or a noncommercia cast), "I" (for independent), "I-M ommercial educational multicast) the paper SA3 form es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity y payment because it is the subjec stem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form cy to which the station is licensed by the h which the station is identifec	
		CHANN	EL LINE-UP	AQ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					Accoon	110 T ENIOD: 2020)	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo	
North State Co	mmunicatio	ns, LLC			63110		
PRIMARY TRANSMITTE	ERS: TELEVISION	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 specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater in the paper SA3 form.  • Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  • Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station  • Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M (f							
		CHANN	EL LINE-UP	AR			
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		
						ļ	
						,	

FORM SA3E. PAGE 3	3.					110 1 ENIOD: 2020)	
LEGAL NAME OF OV					SYSTEM ID# 63110	Name	
North State C					63110		
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), 07.66.16(e)/2] and (4), 07.66.3 (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 progran basis under specific FCC rules, regulations, or authorizations:  1 Do not list the station here in space G—but do list it is pace I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  1 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each 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 it its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by color of the set terms, see page (v) of the general instructions located in the paper SA3 form  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planatio							
		CHANN	EL LINE-UP	AS			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
North State Co	mmunicatio	ns, LLC			63110		
PRIMARY TRANSMITTI	ERS: TELEVISION	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 specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt							
		CHANN	EL LINE-UP	AT			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE					

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2020/2	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#		
North State Co	mmunicatio	ns, LLC			63110	Name	
PRIMARY TRANSMITTE	RS: TELEVISION	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 specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air it its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast), "" (for independent multicast), "" (for network), "N-M" (for network multicast), "" (for independent), "I-M (for							
Note: If you are utilizing	ig multiple cha	illei ille-ups,	, use a separate	space G for each	т спаппетше-ир.		
		CHANN	EL LINE-UP	AU			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						ING PERIOD: 2020/
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	
PRIMARY TRANSMITTE	RS: TELEVISION	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the	G, identify ever eystem during to one in effect of 6.61(e)(2) and	y television signed accounting in June 24, 19 (4), or 76.63 (4), or 76.6	g period except 981, permitting to 76.6 paragraph y distant station horizations: st it in space I (the ation was carried itute basis static excording to its own to be reported in the assigned to hannel 4 in Wasi station is a network), "N-M" all educational), the general instruction of 76.6 period exception of the station of the statio	(1) stations carrie he carriage of cer 61(e)(2) and (4))]; s carried by your he Special Statened by the Special Statened by the Special Statened by the same set of the same s	as and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the ditute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example dition for broadcasting over-the-air in as may be different from the channe dependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form fes". If not, enter "No". For an ex	G Primary Transmitters: Television
planation of local servi Column 5: If you had cable system carried the distant station of a written agreement the cable system and a stion "E" (exempt). For explanation of these the Column 6: Give the	ce area, see p ave entered "Y ne distant stati- ion on a part-ti- ion of a distan entered into o a primary trans simulcasts, als iree categories e location of ea Canadian statio	age (v) of the fes" in column on during the me basis bect multicast strength or before Jemitter or an action of enter "E". If s, see page (vach station. Foons, if any, given and see the station.	general instruction 4, you must concaccounting per cause of lack of the amount of the general or U.S. stations, we the name of the general or U.S. stations,	tions located in the implete column 5, iod. Indicate by eleactivated channel subject to a royall etween a cable sesenting the prime channel on any constructions located list the community with the community with the community with the columnity with the column	ne paper SA3 form Instating the basis on which you Intering "LAC" if your cable syster I capacity Ity payment because it is the subject Ity payment or a furthe Ity to which the station is licensed by the Ity to which the station is identified	
Note. If you are dunization	ig multiple cha	-	•	•	т спаннение-ир.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space ( carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried ti carried the distant stats of a written agreement the cable system and at tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify ever system during to ions in effect of 6.61(e)(2) and of sis, as explained stations: With CC rules, regular here in space only on a substand also in spation and also in spation and also in spation and also in spation. The station's call associated with associated with a carried the in each case of entering the legister carried the ineach case of entering the legister carried the ineach case of entering the legister area, see pave entered "Yhe distant station on a part-ti ison of a distant the entered into on a primary transsimulcasts, also ree categories elocation of each	y television signer accounting a counting a	g period except gesting to except 281, permitting to 281, permitting to 281, permitting to 76.6 paragraph y distant station horizations: at it in space I (the ation was carried itute basis station report origination coording to its own to be reported in the assigned to mannel 4 in Wasi station is a network), "N-M" all educationally, are general instruction 4, you must concaccounting permitted in 4, you carried the you carried the you carried the your carried the your carried the your carried the your stations, stations, stations, and the station is a station when the station is a station in the station in the station in the station is a station in the station in the station in the station is a station in the station	(1) stations carrie he carriage of cer 61(e)(2) and (4))]; is carried by your he Special Statemed by the Special Statemed by some page (v) on program service wer-the-air designation of the television state hington, D.C. This ork station, an indexidistant"), enter "Yetions located in the television state of the television of the television of the television state of the television of the television state of the television state of the television state of the television of the	es. If not, enter "No". For an ex e paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster	G Primary Transmitters: Television
Note: If you are utilizing						
		CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63110 North State Communications, LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. 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

FURINI SAJE. PAGE 5.						ACCOUNTING	PERIOD: 2020/2	
North State Communic					S	63110	Name	
SUBSTITUTE CARRIAGI In General: In space I, ident	ify every no	nnetwork televi	sion program broadcast by	a distant stati			ı	
substitute basis during the acexplanation of the programm form.							Substitute Carriage:	
1. SPECIAL STATEMENT	_		-				Special	
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	nust complete the progra	m		
2. LOG OF SUBSTITUTE								
In General: List each substiclear. If you need more spa	ice, please	attach addition				S		
period, was broadcast by a	distant stat	ion and that yo	our cable system substitute	ed for the pro	gramming of another sta			
under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the program	tion. Do no _ucy" or "NE	ot use general ( BA Basketball:	categories like "movies", o	r "basketball'		•		
Column 3: Give the call Column 4: Give the broa	sign of the s adcast statio	station broadca on's location (tl	asting the substitute progra ne community to which the	ım. station is lic				
	nth and day		community with which the stem carried the substitute			nth		
	es when the		ogram was carried by your			ely		
to the nearest five minutes. stated as "6:00–6:30 p.m."	•			·	·			
Column 7: Enter the letter to delete under FCC rules a			was substituted for progra			ed		
gram was substituted for preffect on October 19, 1976.	ogramming							
Check of October 13, 1370.	•			1 10/11/1	-N OUDOTITUTE	1		
S	UBSTITUT	E PROGRAM	l		EN SUBSTITUTE LIAGE OCCURRED	7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
					<u> </u>			
					<u> </u>			
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					_			
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					_			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name North State Communications, LLC 63110 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 DATE FROM TO DATE

	AL NAME OF OWNER OF CABLE SYSTEM:  rth State Communications, LLC  6	M ID# 3110						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)								
	during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.  \$ 1,595,212.  (Amount of gross receipts)	50						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.  If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.								
▶ If pa	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block							
▶ If pa	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	50						
	This is your minimum fee. \$ 16,973.	06						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  Yes—Complete the DSE schedule.							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero \$							
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	.00_						
	Line 3. Add lines 1 and 2 and enter here \$							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	.06 Cable systems submitting additional						
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	deposits under Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE. \$ 725.	additional fees. Division for the						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here							
	EFT Trace # or TRANSACTION ID # 9141917WTQP	additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)							

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

Name		EM ID# 63110						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations							
	on which the cable system carried television broadcast stations and nonbroadcast services							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)							
Be Contacted for Further Information	Name Tim Pressley Telephone 336-821-8650							
	Address 4100 Mendenhall Oaks Parkway, Suite 300 (Number, street, rural route, apartment, or suite number)  High Point, NC 27265							
	(City, town, state, zip)  Email tim.pressley@segra.com Fax (optional)							
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 identified 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 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)]     </li> </ul>							
	X /s/ Mary McDermott							
	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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.							
	Typed or printed name: Mary McDermott							
	Title: General Counsel  (Title of official position held in corporation or partnership)							
	Date: February 26, 2021							

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM							
North State Communications, LLC 63	3110 Name						
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."							
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q						
Line 1 Enter the amount of late payment or underpayment	Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	ys						
Line 3 Multiply line 2 by the number of days late and enter the sum here	-						
x 0.00274  Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	_						
(interest charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner Address							
First community served							
Accounting period  ID number							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

0.330% of gross receipts

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

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

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

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

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

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

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

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

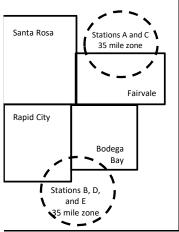
- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE:**

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

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



Distant Stations Carr	ied	Identification	Identification of Subscriber Groups		
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS	
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS	
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00	
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00	
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00	
E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00	
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00	

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00

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

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

**ACCOUNTING PERIOD: 2020/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAG	T .	LE OVOTEM.			67	YSTEM ID#			
1	LEGAL NAME OF OWNER OF CAB				3				
	North State Communic					63110			
	SUM OF DSEs OF CATEGO								
	<ul> <li>Add the DSEs of each static Enter the sum here and in line</li> </ul>		s schadula		0.00				
	Enter the sum here and in line	e i di part 5 di tili	s scriedule.	Ŀ	0.00				
2	Instructions:								
	In the column headed "Call	Sign": list the ca	ill signs of all distant station	s identified by the	ne letter "O" in column 5				
Computation	of space G (page 3). In the column headed "DSE	": for each inden	endent station, give the DS	F as "1 0" for 6	each network or noncom-				
of DSEs for	mercial educational station, g			2 45 1.5 , 151 (					
Category "O"			CATEGORY "O" STATIO	NS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						D			
Add rows as						0			
necessary.									
Remember to copy			***************************************						
all formula into new									
rows.									
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	111111111111111111111111111111111111111								
	100000000000000000000000000000000000000								

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	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						S'	YSTEM ID#
Name	North State	Communications, LL	.c						63110
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	CAPACITY st the call sign of all dista :: For each station, give to correspond with the info :: For each station, give to :: Divide the figure in colu :: at least to the third decir :: For each independent so value as ".25." :: Multiply the figure in co point. This is the station's	he number of houmation given in she total number of the total number of the figure of	urs your cable systemace J. Calculate on of hours that the state in column 3, and the "basis of carriage type-value" as "1.0." ure in column 5, and the incolumn 5, an	m carried the sta nly one DSE for e ion broadcast ov give the result in e value" for the s For each netwo	tion during the a each station. er the air during decimals in colu station. rk or noncomment or column 6. Roun	the accounting the Accounting the Accounting the Accounting the Account the Ac	ng period. gure must onal station, than the	
Capacity		C	CATEGORY L	AC STATIONS:	COMPUTATI	ON OF DSES	i		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY M	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	SE .	TYPE VALUE	6. DS	E
			÷		=	X			
			÷			X		<u>=</u>	
			÷			x x			
			······		=	x		=	
			÷	:	=	x		=	
			÷	:	=	x		=	
			÷	:	=	x		=	
	Add the DSEs	oF CATEGORY LAC S of each station. Im here and in line 2 of p		dule,			0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations for the space I).     Column 2: at your option.     Column 3: Column 4:	e the call sign of each stand by your system in substant on October 19, 1976 (one or more live, nonnetwood of the cach station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a progras shown by the ork programs durinumber of live, respond with the institution to by the figure	ram that your systen letter "P" in column ng that optional carr nonnetwork program formation in space I. year: 365, except in in column 3, and give	n was permitted to a space 1); and a space 1); and a space 1); and a space 2 s	to delete under Fd the word "Yes" in titution for progra	CC rules and column 2 of ams that were one less that	e deleted	m).
		SU	BSTITUTE-B	ASIS STATION	S: COMPUTA	ATION OF DS	Es		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBE OF PROGR		B. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷		=
		÷		=			÷		=
			• • • • • • • • • • • • • • • • • • • •				÷		
		÷	• • • • • • • • • • • • • • • • • • • •	=			÷ ÷		=
		÷		=			÷		=
	Add the DSEs	of SUBSTITUTE-BAS of each station. Im here and in line 3 of p		dule,			0.00		
5		ER OF DSEs: Give the am sapplicable to your systen		xes in parts 2, 3, and	4 of this schedule	e and add them to	provide the t	total	
Total Number	1. Number o	f DSEs from part 2 ●				<b>-</b>	0	.00	
of DSEs	2. Number o	f DSEs from part 3 ●				<u> </u>		.00	
	3. Number o	f DSEs from part 4 ●				<u> </u>	0	.00	
	TOTAL NUMBE	R OF DSEs					<b>•</b>		0.00

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

	OWNER OF CABLES						S	YSTEM ID# 63110	Name
In block A: • If your answer if schedule.	ck A must be comp	mainder of p	·	of the DSE sched	lule blank and	d complete part	8, (page 16) of the	е	6
ir your answer ir	"No," complete blo			TELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Com	m located wholly or , 1981? aplete part 8 of the olete blocks B and	utside of all n	najor and smal	er markets as defii	ned under se		CC rules and regul	ations in	3.75 Fee
		BLO	CK B: CARF	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	of distant sta and regulation of DSE Scheo	ations listed in ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re	this schedule ther explanat	that your syste	d stations, see the	·	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre	eles and reguled pursuant to on as defined al educational distation (76.6 r DSE sched ant to individu viously carrie	ations cited be of the FCC marks in 76.5(kk) (70) at station [76.58] (see paragiule). It is a waiver of FC d on a part-timithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on .57, 76.59(b) )(1), 76.63(a) 3(a) referring stitution of gr	June 24, 1981 , 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			orksheet on page 1	4 of 3. DSE	
SIGN	BASIS	O. DOL	SIGN	BASIS	O. DOL	SIGN	BASIS	O. DOL	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				-	
ine 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve				-	
	line 2 from line 1 leave lines 4–7 b			,		rate.		0.00	
ine 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply I	ine 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted
ine 6: Enter tota	al number of DSE	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
ine 7: Multiply I	ine 6 by line 5 an	nd enter here	e and on line	2, block 3, space	L (page 7)			0.00	

Vor		OWNER OF CABLE  ommunication						Sì	STEM ID# 63110	Name
			BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
	1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
										3.73 Fee
									***************************************	

**ACCOUNTING PERIOD: 2020/2** 

Name	North State Co								S	YSTEM ID# 63110
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fi A—Part-time sp 76.59 B—Late-night pric To.61 S—Substitute ca gener Column 5: Indicate Column 6: Companin block	or to June 25, call sign for eather DSE for the accounting the basis of a CC rules and ecialty programing: (d)(1),76.61(e) (e)(3)). arriage under rall instructions the station's lee the DSE figit B, column 3 information you arriage or the station of the station	1981, under for ach distant station for a general period and yearriage on whice regulations cited mming: Carriage (a)(1), or 76.63 (r. Carriage under last in the paper S. DSE for the currures listed in color part 6 for this ou give in column	mer FCC rules go on identifed by the single accounting ar in which the can the station was of below pertain to e, on a part-time beferring to 76.61(eFCC rules, section es, regulations, or A3 form.  ent accounting peumns 2 and 5 and station.  ns 2, 3, and 4 musting the single properties of the section of t	ver e let per rria carr tho pasi e)(1 ns 7	entifed by the letter "F" rining part-time and subter "F" in column 2 of priod, occurring between the priod of the priod o	estitute carricant 6 of the n January 1 (e.g., 1981, e following 4, 1981.) arming unde n, or 76.63 (er explanation 2, 3, and 4 or figures he	age.) DSE schedule, 1978 and Jun 1). letters: r FCC rules, se referring to on, see page (v of this schedule.	ections  vi) of the should b	e., those 981.
		PERMITT	ED DSE FOR S	TATIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRI	OR 3. /	ACCOUNTING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED
	SIGN	DSE		PERIOD		CARRIAGE	ı	DSE		DSE
					ļ					
					ļ					
					ļ					
					ļ					
					ļ					
					ļ					
<b>7</b> Computation of the	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	ete blocks B and		e pa	art 8 of the DSE sched	ule.			
Syndicated			BLC	CK A: MAJOR	T	ELEVISION MARK	ET			
Exclusivity	. la any navian of the	aabla ayatam y	uithin a tan 100 m	anian talawinian man	ul c a i	t as defend by eastion 7	76 F at FOO	mulaa in affaat l	04 /	10040
Surcharge	l <u> </u>	-	•	najor television mai	rke	t as defined by section 7		rules in ettect J	une 24,	1981?
	Yes—Complete	DIOCKS B and	16.			No—Proceed to	рап в			
	BLOCK B: C	arriage of VHI	F/Grade B Cont	our Stations		BLOCK	C: Compu	itation of Exem	pt DSEs	3
	Is any station listed in commercial VHF stati or in part, over the ca	block B of pa	art 6 the primary	stream of a		Was any station listed nity served by the cab to former FCC rule 76	in block B	of part 7 carrie	d in any	commu-
	Yes—List each s	tation below wi	th its appropriate	permitted DSE		Yes—List each st	ation below	with its appropria	ate permi	tted DSE
	X No—Enter zero a	and proceed to	part 8.			X No—Enter zero a	nd proceed t	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE	1	CALL SIGN	DSE	CALL SIG	SN	DSE
					1					
					$\  \ $					
					$\  \ $					
					$\  \ $					
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: North State Communications, LLC	SYSTEM ID# 63110	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	1,595,212.50	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D.	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
35	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?    X  Yes—Complete part 9 of this schedule.   No—Complete the applicable section below.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC	63110
-		NOTAL GALLE GOMMUNICATIONS, ELG	
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here	
		F. Multiply line D by line E and enter here	
		Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.	
		Synulcated Exclusivity Surcharge.	· · · · · · · · · · · · · · · ·
		ctions:	
8		uust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.	
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	-	ar answer is "No, compute your systems base rate fee in block B. Leave part's blank.  ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank <b>What i</b>	c.  is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
	were lo	ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts  (the amount in section 1)	
		B. Enter 0.00701 of gross receipts  (the amount in section 1)	
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here ▶ \$	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00
		Dase Nate 1 et	<u> </u>

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

LEGAL N	AND OF OMNER OF CARLE OVOTEN.	0.0751410.0	
	AME OF OWNER OF CABLE SYSTEM: State Communications, LLC	SYSTEM ID# 63110	Name
North	State Sommunications, LES	00110	
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) ▶		
	B. Enter 0.00701 of gross receipts		0
	(the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here <b>▶</b>		Base Rate Fee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here <b>\(\bigs\)</b>		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad	•	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.	le channel line-	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To tal clusion, you must:	re advantage of	of
			Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Detern		Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe	e for each group.	Exclusivity Surcharge
_	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
must a	If any portion of your cable system is located within the top 100 television market and the station is not exemp so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block Aer, if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant to that community.	station you	Stations
Step 2 outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)		
	Divide your subscribers into subscriber groups according to the complement of stations to which they are dist	ant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.	e that a cable	
_	<b>Iting the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your ber groups.	system's	
	section:		
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant i	to all of the	
subscri	bers in the group.	o all of the	
• If: 1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave	e it in parts 2_3	
, -	f this schedule; or,	2 it iii parto 2, 0,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it 6 of this schedule.	in block B,	
• Add tl	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	ral instructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do not stual calculations on the form.	that is, the total	

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63110 North State Communications, LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNER North State Comm						S'	STEM ID# 63110	Name
							33110	
В		COMPUTATION OF SUBSCRIBER GROUI		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	D	
COMMUNITY/ AREA	111101	30B3CKBER GROOT	0	COMMUNITY/ AREA	SECOND	SOBSCRIBER GROOM	0	9
COMMONT IT AREA				COMMONT IT AREA				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	<u> </u>		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
orese researches rules er	o a p				а О.оцр	· ·		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				_		
		-				-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
					_			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	ove.	\$	0.00	
or nore and in block	o,o 1, 5	L (page / )				<b>*</b>	0.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  FIFTH SUBSCRIBER GROUP  NITY/ AREA  O  COMMUNITY/ AREA	
NITY/ AREA O COMMUNITY/ AREA	
	0 Com
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
	Base
	_
	Syr
	Exc Su
	P
	D
	Si
Es <u>0.00</u> Total DSEs	0.00
eceipts First Group   Solution    Gross Receipts Second Group   Solution    So	0.00
	-
te Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP	
NITY/ AREA  O   COMMUNITY/ AREA	0
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
Es O.00 Total DSEs	0.00
Es O.00 Total DSEs Gross Receipts Fourth Group \$ O.00 Gross Receipts Fourth Group \$	0.00

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE asser Rate Fee First Group \$ 0.00    ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP  CALL SIGN DSE CALL SIGN D	LEGAL NAME OF OWNE North State Comm						S	YSTEM ID# 63110	Name
COMMUNITY/ AREA	В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	BER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fee Third Group 1 0.00 Gross Receipts Fourth Group 2 0.00 Gross Receipts Third Group 1 0.00 Gross Receipts Fourth Group 2 0.00 Gross Receipts Third Group 1 0.00 Gross Receipts Fourth Group 2 0.00 Gross Receipts Third Group 1 0.00 Gross Receipts Fourth Group 2 0.00 Gross Receipts Third Group 3 0.00 Gross Receipts Fourth Group 3 0.00 Gross Receipts Third Group 3 0.00 Gross Receipts Total DSEs 0.00 Gross Receipts Third Group 3 0.00 Gross Receipts Total DSEs 0.00 Gross Receipts Third Group 3 0.00 Gross Receipts Total DSEs 0.00 Gross Receipts Total DSEs 0.00 Gross Receipts Total Group 3 0.00 Gross Receipts Total Gr		NINTH	SUBSCRIBER GROU			TENTH	SUBSCRIBER GROU	IP	٥
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group 5 0.00  Gross Receipts First Group 5 0.00  ELEVENTH SUBSCRIBER GROUP  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Dase Rate Fee Second Group 5 0.00  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DATE SIGN D	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Base Rate Fee First Group \$ 0.00   Total DSEs   0.00   See Rate Fee Second Group \$ 0.00    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    COMMUNITY AREA   0   COMMUNITY AREA   0    COMMUNITY OF AREA   0   COMMUNITY OF AREA   0    COMMUNITY OF AREA   0   COMM	CALL SIGN	DSF	CALL SIGN	DSF	CALLSIGN	DSF	CALL SIGN	DSF	
Syndicates Exclusivity Surcharge for Partially Distant Stations  Total DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Group Group Gross Receipts First Group Gross Receipts First Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.0	CALL GIGIN	DOL	CALL SIGIV	DOL	CALL GIGIN	DOL	OALL GIOIN	DOL	Base Rate Fe
Syndicates Exclusivity Surcharge for Partially Distant Stations  Total DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Group Group Gross Receipts First Group Gross Receipts First Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.0									and
Surcharge for Partially Distant Stations  Total DSEs									
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Total DSEs  Gross Receipts First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  D			-						
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN  DS			-						
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Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN  DS									
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN  DS				<b>4</b>					
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN  DS				•					
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN  DS									
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN  DS	Total DSEs			0.00	Total DSEs	•		0.00	
Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  DO  DO  DO  DO  DO  DO  DO  DO  DO  D		oun.	•	,		nd Group	•		
ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE	Gioss Neceipis i list Gi	oup	.*	0.00	Gross Neceipis Secoi	id Group	. <del></del>	0.00	
COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DS	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN	E	LEVENTH	SUBSCRIBER GROU	IP		TWELVTH	SUBSCRIBER GROU	IP	
Total DSEs	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							 		
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							H		
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							H		
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							H		
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				•					
Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs				Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
	Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
	_				Ш				
				iber group	as shown in the boxes a	above.			
							\$		

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							Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
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							for
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							Stations
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
			· ·	•		-	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	•				,	-	
FIFTEEN	\$ TH SUBSCRIBER GR	OUP			\$ SUBSCRIBER GROU	UP	
FIFTEEN	•				,	-	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN	•	OUP			,	UP	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN'	'H SUBSCRIBER GR	OUP 0	COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GRO	UP <b>0</b>	
FIFTEEN COMMUNITY/ AREA  CALL SIGN  DSE	'H SUBSCRIBER GR	DSE	COMMUNITY/ AREA  CALL SIGN	SIXTEENTH	SUBSCRIBER GRO	DSE	
CALL SIGN DSE	'H SUBSCRIBER GR	DSE DSE D.00	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROUND CALL SIGN	DSE DSE O.00	
CALL SIGN DSE	'H SUBSCRIBER GR	DSE	COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GRO	DSE	
FIFTEEN'	CALL SIGN	DSE DSE D.00	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROUND CALL SIGN	DSE DSE O.00	
CALL SIGN DSE  CALL SIGN DSE  Total DSEs  Gross Receipts Third Group	CALL SIGN  S  \$	DSE 0.00 0.00 0.00	COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Fourth	DSE	SUBSCRIBER GROUND CALL SIGN	DSE	
CALL SIGN DSE	CALL SIGN	DSE DSE D.00	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROUND CALL SIGN	DSE DSE O.00	

North State Comr						S	YSTEM ID# 63110	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCRI	IBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GROU	JP	EI	IGHTEENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	Base Rate Fee
								and
		-				-		Syndicated
								Exclusivity
		-						Surcharge
		-						for
		-				-		Partially
		-						Distant
								Stations
							****	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
N	INTEENTH	SUBSCRIBER GROU	JP	7	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<b>-</b>				 		
						-		
						-		
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
	_							
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	г	<u> </u>	3.00	l suite suite suite	p	T	0.00	
Base Rate Fee: Add t	he <b>hase r</b> ate	e fees for each subse	riher aroup	as shown in the boxes a	ahove			
Enter here and in bloc			inei dionb	as shown in the boxes a	abuve.	\$		
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Name	STEM ID# 63110	31				ns, LLC		LEGAL NAME OF OWNER  North State Comm
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	В
9		SUBSCRIBER GROUP	-SECOND	İ		SUBSCRIBER GROU	TY-FIRST	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat						-		
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Surchar, for							-	
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Distan		_					-	
Station								
						-		
	0.00			Total DSEs	0.00	1		Total DSEs
	0.00	\$	Group	Gross Receipts Second	0.00	•	nun	Gross Receipts First Gr
	0.00	Ψ	Group	Gross Neceipis Second	0.00	\$	Jup	oross Necelpts i list Giv
	1							
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
		\$ SUBSCRIBER GROUP			<b>'</b>	\$ SUBSCRIBER GROU		
		I .			<b>'</b>	,		TWENT
	P	I .		TWENTY	IP	,		TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	COMMUNITY/ AREA
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	0	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	Y-THIRD	TWENT
	DSE	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	Y-THIRD	TWENT COMMUNITY/ AREA  CALL SIGN
	DSE DSE O.000	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROU	Y-THIRD DSE	TWENT COMMUNITY/ AREA  CALL SIGN  Total DSEs
	DSE	SUBSCRIBER GROUP	-FOURTH	TWENTY COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	Y-THIRD DSE	TWENT

Name	STEM ID# 63110					ns, LLC		LEGAL NAME OF OWNER  North State Comm
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	TY-SIXTH	İ		SUBSCRIBER GROU	TY-FIFTH	
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	<u> </u>					-	-	
Partiall								
Distan						-	-	
Station						-		
						-	-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
		\$ SUBSCRIBER GROUP				\$ SUBSCRIBER GROU		
		I .						TWENTY-S
	)	I .		TWENT	IP			TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	DSE DSE	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	DSE	SUBSCRIBER GROUP	y-EIGHTH  DSE	TWENT COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	TWENTY-S COMMUNITY/ AREA  CALL SIGN

North State Comm						S	YSTEM ID# 63110	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
TWEN	ITY-NINTH	SUBSCRIBER GROU	IP		THIRTIETH	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	Base Rate Fee
						L		and
		-				-		Syndicated
		-						Exclusivity
		-						Surcharge
		-						for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIF	RTY-FIRST	SUBSCRIBER GROU	IP	THIRT	Y-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						H		
						-		
						-		
						H		
						-		
		-				H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	<u> </u>	0.00	Gross Receipts Fourth	n Group	\$	0.00	
2.200 . Coopio mila C				l sos i coopio i ouiti	p	-		
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	above.	s		
Line nele and in bioch	. o, iii e 1, S	pade L (page 1)				Ψ		

	COMPUTATION O  SUBSCRIBER GRO  CALL SIGN		TE FEES FOR EACH THIR COMMUNITY/ AREA CALL SIGN	TY-FOURTH	SUBSCRIBER GROU	JP 0	9
OMMUNITY/ AREA		0	COMMUNITY/ AREA		30B3CNBER GROC		٥
	CALL SIGN						J
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN				Computa
			CALL SIGN	DSE	CALL SIGN	DSE	of
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							for
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							Distant
							Stations
					H		
otal DSEs		0.00	Total DSEs			0.00	
olai DSES	-						
Fross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		<b>'</b>					
	I SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	***************************************		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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ase Rate Fee Third Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
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-	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRT
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	P 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	THIRTOMMUNITY/ AREA  CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	THIRTOMMUNITY/ AREA  CALL SIGN  otal DSEs
	DSE 0.00	SUBSCRIBER GROU  CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	CALL SIGN	DSE	COMMUNITY/ AREA
	DSE 0.00 0.00	SUBSCRIBER GROU  CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Fourth	DSE	CALL SIGN	DSE	THIRT COMMUNITY/ AREA  CALL SIGN  Cotal DSEs  Gross Receipts Third Gross
	DSE 0.00	SUBSCRIBER GROU  CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	CALL SIGN	DSE	THIRTOMMUNITY/ AREA  CALL SIGN  Dial DSEs

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	D.			TE FEES FOR EACH				
9	<u>0</u>	SUBSCRIBER GROUI	-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROU	IY-FIRST	COMMUNITY/ AREA
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	YSTEM ID# 63110						unicatio	North State Comm
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	ВІ
9		SUBSCRIBER GROUP	TY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
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Name	4STEM ID# 63110	SY						LEGAL NAME OF OWNER North State Comm
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9		SUBSCRIBER GROUP	FIFTIETH			SUBSCRIBER GROU	Y-NINTH :	
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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FIFTY-FII	TH S		UP	FI			JP	
FIFTY-FII	TH S	UBSCRIBER GRO	UP <b>0</b>	FI COMMUNITY/ AREA	FTY-SIXTH	SUBSCRIBER GROU	JP <b>0</b>	
FIFTY-FII	TH S	UBSCRIBER GRO	UP <b>0</b>	FI COMMUNITY/ AREA	FTY-SIXTH	SUBSCRIBER GROU	JP <b>0</b>	
FIFTY-FII	TH S	UBSCRIBER GRO	UP <b>0</b>	FI COMMUNITY/ AREA	FTY-SIXTH	SUBSCRIBER GROU	JP <b>0</b>	
FIFTY-FII	TH S	UBSCRIBER GRO	UP <b>0</b>	FI COMMUNITY/ AREA	FTY-SIXTH	SUBSCRIBER GROU	JP <b>0</b>	
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FIFTY-FII COMMUNITY/ AREA  CALL SIGN DSI	TH S	UBSCRIBER GRO	UP <b>0</b>	FI COMMUNITY/ AREA	FTY-SIXTH	SUBSCRIBER GROU	JP <b>0</b>	
CALL SIGN DSI	TH S	CALL SIGN	DSE DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	JP 0 DSE 0 O.00	
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FIFTY-FII	E I	CALL SIGN	DSE DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	JP 0 DSE 0 O.00	
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CALL SIGN DSI  CALL SIGN DSI  Cotal DSEs  Gross Receipts Third Group	FTH S	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Fourth	DSE	SUBSCRIBER GROU	DSE 0.00 0.00 0.00	

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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
STREE STOTE BOE	OF ILL STOTE	BOL	OF REE GIGIT	DOL	OF REE GIGIT	BOL	Base Rate
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otal 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	and Craun		0.00	
ase Rate Fee First Group	\$	0.00	Dase Rate Fee Sec	ond Group	\$	0.00	
FIFTY-NINT	H SUBSCRIBER GR	OUP		SIXTIETH	SUBSCRIBER GRO	UP	
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	\$	0.00		·	\$		
ross Receipts Third Group			Gross Receipts Fou	·		0.00	

Name	63110					ns, LLC		LEGAL NAME OF OWNER  North State Comm
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9		SUBSCRIBER GROUP	-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0	SUBSCRIBER GROUP	-FOURTH	SIXTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓY-THIRD	SIXT
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	0	SUBSCRIBER GROUP	-FOURTH	SIXTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓY-THIRD	SIXT
	0	SUBSCRIBER GROUP	-FOURTH	SIXTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓY-THIRD	SIXT
	0	SUBSCRIBER GROUP	-FOURTH	SIXTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓY-THIRD	SIXT
	0	SUBSCRIBER GROUP	-FOURTH	SIXTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓY-THIRD	COMMUNITY/ AREA
	0	SUBSCRIBER GROUP	-FOURTH	SIXTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓY-THIRD	SIXT
	0	SUBSCRIBER GROUP	-FOURTH	SIXTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓY-THIRD	SIXT
	0	SUBSCRIBER GROUP	-FOURTH	SIXTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ΓY-THIRD	SIXT COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROUP	DSE	SIXTY COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SIXT

Name	63110	SY				ns, LLC		LEGAL NAME OF OWNER North State Comm
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	TY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
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	0.00	\$		Base Rate Fee Second	0.00	\$		
	)	SUBSCRIBER GROUP		SIXT	JP	\$UBSCRIBER GROU		SIXTY-S
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	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	SIXTY-S
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	DSE	SUBSCRIBER GROUP	Y-EIGHTH  DSE	SIXT COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SIXTY-SOMMUNITY/ AREA

ם חרע ו	· COMPLITATION O	JE BASE DA	ATE FEES FOR EACH	SUBSCE	IRER GROUD		
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otal DSEs		0.00	Total DSEs			0.00	
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Gross Receipts First Group	\$	0.00	Gross Receipts Secon	id Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	ıd Group	\$	0.00	
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SEVENTY-FIRS	T SUBSCRIBER GRO	OUP <b>0</b>	SEVENT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
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SEVENTY-FIRS	T SUBSCRIBER GRO	OUP <b>0</b>	SEVENT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
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SEVENTY-FIRS	T SUBSCRIBER GRO	OUP <b>0</b>	SEVENT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENTY-FIRS	T SUBSCRIBER GRO	OUP <b>0</b>	SEVENT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENTY-FIRS	T SUBSCRIBER GRO	OUP <b>0</b>	SEVENT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
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SEVENTY-FIRS	T SUBSCRIBER GRO	OUP <b>0</b>	SEVENT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENTY-FIRS	T SUBSCRIBER GRO	OUP <b>0</b>	SEVENT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENTY-FIRS COMMUNITY/ AREA  CALL SIGN DSE	T SUBSCRIBER GRO	OUP <b>0</b>	SEVENT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
SEVENTY-FIRS COMMUNITY/ AREA  CALL SIGN DSE  Total DSEs	T SUBSCRIBER GRO	DUP 0	SEVENT COMMUNITY/ AREA  CALL SIGN	Y-SECOND  DSE	SUBSCRIBER GROU	JP 0	
SEVENTY-FIRS	CALL SIGN	DUP  DSE  DOSE	SEVENT COMMUNITY/ AREA  CALL SIGN  Total DSEs	Y-SECOND  DSE	SUBSCRIBER GROU	JP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	
SEVENTY-FIRS COMMUNITY/ AREA  CALL SIGN DSE  Total DSEs  Gross Receipts Third Group	T SUBSCRIBER GRO	DUP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SEVENT COMMUNITY/ AREA  CALL SIGN  Total DSEs Gross Receipts Fourth	T-SECOND  DSE  Group	SUBSCRIBER GROU	DSE 0.00 0.00	
SEVENTY-FIRS COMMUNITY/ AREA  CALL SIGN DSE  Total DSEs	CALL SIGN	DUP  DSE  DOSE	SEVENT COMMUNITY/ AREA  CALL SIGN  Total DSEs	T-SECOND  DSE  Group	SUBSCRIBER GROU	JP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	

	63110	SY:						LEGAL NAME OF OWNER North State Comm
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	-FOURTH			SUBSCRIBER GROU	ry-third	
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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1				TE FEES FOR EACH				
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<u>o</u>	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
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	IP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GROL	Y-NINTH	SEVEN
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				COMMUNITY/ AREA				
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Name	63110	SY						LEGAL NAME OF OWNER  North State Comm
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9		SUBSCRIBER GROUP	-SECOND	İ		SUBSCRIBER GROU	TY-FIRST	
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	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
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	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
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	DSE	SUBSCRIBER GROUP	DSE	EIGHTY COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	EIGHT COMMUNITY/ AREA CALL SIGN

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Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
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		DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		DSE	Total DSEs	DSE	CALL SIGN	DSE	
otal DSEs Gross Receipts Third Group	\$				CALL SIGN		
	\$	0.00	Total DSEs			0.00	
Gross Receipts Third Group		0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
	\$	0.00	Total DSEs	h Group		0.00	

LEGAL NAME OF OWNE North State Comn						S	63110	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								for
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		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-FIRST	SUBSCRIBER GROU			Y-SECOND	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
		-				H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
ne I	base rate			Base Rate Fee Fourth		\$	0.00	

North State Com						S	YSTEM ID# 63110	Name
		COMPUTATION OF		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and Syndicated
		-						Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NIN	ETY-FIFTH	SUBSCRIBER GROU	JP	NIN	IETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	<b>s</b>	0.00	Gross Receipts Fourtl	n Group	\$	0.00	
	ap	<u> </u>		3.555 / Goodpio i Guiti	. C. 5up	·		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Rasa Rata Foo: Add	the base rat	a face for each subsc	riher arous	as shown in the boxes a	ahove			
Enter here and in bloc			ibei group	as shown in the boxes a	1DUVG.	\$		
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Name	63110						unicatio	
		BER GROUP	SUBSCRII	TE FEES FOR EACH				
9	Р	SUBSCRIBER GROUP	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and						-	-	
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	0.00	\$		Base Rate Fee Second	0.00	\$		
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LEGAL NAME OF OWNER North State Comm						S	YSTEM ID# 63110	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	NTY-FIRST	SUBSCRIBER GROU	IP	ONE HUNDRED TWEN	TY-SECOND	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSTs			0.00	Total DSFs			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	bove.	\$		

Name	YSTEM ID# 63110					•	unicatio	North State Comm	
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	BI	
•		SUBSCRIBER GROUP	NTY-SIXTH	ONE HUNDRED TWE		SUBSCRIBER GROUP	ITY-FIFTH	ONE HUNDRED TWEN	
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Nam	YSTEM ID# 63110	Sì						LEGAL NAME OF OWNER North State Comm
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (	BI
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	YSTEM ID# 63110							LEGAL NAME OF OWNER  North State Comm	
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	Bl	
9		SUBSCRIBER GROUP	RTY-SIXTH			SUBSCRIBER GROUP	RTY-FIFTH		
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Base Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Star MUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  Gross Receipts Third Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipt		CALL SIGN DSE	of
Synce Excl Survival DSEs  Gross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee Second Group  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN			Base Rate
Total DSEs  Output			and
Fotal DSEs  O.00  Gross Receipts First Group  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O.00  CALL SIGN  DSE			Syndicat
Part of the DSEs			Exclusiv
Cotal DSEs  Octal			Surchar
Stall DSEs  Cotal			for
otal DSEs			Partially
otal DSEs  otal DSEs			Distant Stations
ase Rate Fee First Group  S  O.00  Base Rate Fee Second Group  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CA			Stations
Stross Receipts First Group \$ 0.00   Base Rate Fee Second Group \$ 0.00    ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP   ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP    COMMUNITY/ AREA		"	
Gross Receipts First Group  Source Receipts First Group  Source Receipts Second Group  Source Re			
Gross Receipts First Group  Source Receipts First Group  Source Receipts Second Group  Source Re			
Scross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee Second Group  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  OCCOMMUNITY/ AREA  OCCOMM			
Gross Receipts First Group  Source Receipts First Group  Source Receipts Second Group  Source Re			ļ
Base Rate Fee First Group  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  OCALL SIGN  DSE  CALL SI	otal DSEs 0.00 Total DSEs	0.00	
Base Rate Fee First Group  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  OCALL SIGN  DSE  CALL SI	Proce Receipts First Group \$ 0.00 Gross Receipts Second Group	\$ 0.00	
ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP OMMUNITY/ AREA  O CALL SIGN  DSE  CAL	Gloss Necelpts 1 iist Gloup	\$ 0.00	
ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP OMMUNITY/ AREA  O CALL SIGN  DSE  CAL	A CO Branch Course Cour	0.00	
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN	ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  ONE HUNDRED FIFTY-SECOND	SUBSCRIBER GROUP	}
Total DSEs  O.00  Gross Receipts Third Group  Source Services Receipts Fourth Group  Gross Receipts Fourth Group  Gross Receipts Fourth Group  Gross Receipts Fourth Group  Gross Receipts Fourth Group  Gross Receipts Fourth Group  Gross Receipts Fourth Group  Gross Receipts Fourth Group	COMMUNITY/ AREA O COMMUNITY/ AREA	0	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE	[
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		·   -	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			
	intel DCFs	0.00	,
	U.UU    I OTAL DSES	s 0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		<del>v</del> 0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00			
	Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group		
	Gross Receipts Third Group    Solution	s 0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group	s 0.00	

Name	63110						arrioatio.	North State Comm
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	BI
9	Р	SUBSCRIBER GROUI	-FOURTH	ONE HUNDRED FIFTY	IP	SUBSCRIBER GROU	Y-THIRD	ONE HUNDRED FIFT
Computat	0		COMMUNITY/ AREA	0		OMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate		=				-		
and						-		
Syndicate								
Exclusivi Surcharg								
for								
Partially		-				-		
Distant								
Stations								
	0.00		<u> </u>	Total DSEs	0.00		<u> </u>	Γotal DSEs
	-	\$	Croup	Gross Receipts Second	0.00	\$	מנוס	Gross Receipts First Gro
	0.00		Gloup	HOLOSS INCOCIPIS OCCOLIC				
	0.00	<u>'</u>	Gloup	Oross Neceipts Second			- up	
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	
	0.00		l Group	Base Rate Fee Second	IP		oup	ONE HUNDRED FIF
	0.00	\$	l Group	Base Rate Fee Second		\$	oup	ONE HUNDRED FIF
	0.00	\$	l Group	Base Rate Fee Second	IP	\$	oup	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second ONE HUNDRED FIR COMMUNITY/ AREA	JP <b>0</b>	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
	0.00  P	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA  CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE DSE	ONE HUNDRED FIF

Name	63110	SY						LEGAL NAME OF OWNER North State Comm
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	Bl
9		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FIF		SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FIFTY-
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi Surcharg								
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Partially						-		
Distant								
Stations								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Bross Receipts First Gro
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	SIXTIETH	ONE HUNDRED		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth (	0.00	\$	oup	otal DSEs

LEGAL NAME OF OWNER North State Commi			•	mitted 0.70 Otali		SY	STEM ID# 63110	Name
BL				TE FEES FOR EACH				
COMMUNITY/ AREA	FIRST	SUBSCRIBER GROU	P 0	COMMUNITY/ AREA	SECOND	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated Exclusivity
		-				-		Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
	THIRD	SUBSCRIBER GROU			FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes ab	oove.	\$	0.00	

ions, LLC	EM ID# 63110 Nar
A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
H SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP	0 9
O COMMUNITY/ AREA	0 Compu
CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE o
	Base Ra
	an
	Syndi Exclu
	Surch
	fo
	Parti
	Dist Stati
	Stati
0.00 Total DSEs	0.00
	0.00
\$ 0.00 Base Rate Fee Second Group \$	0.00
H SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP	
	_
COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
CALL SIGN DSE CALL SIGN  CALL SIGN  DSE CALL SIGN  A CALL	
CALL SIGN DSE CALL SIGN DSE CALL SIGN  Output  Output  Discretely and the second secon	DSE

Name	63110	SYS						LEGAL NAME OF OWNER North State Comm
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (	BI
9		SUBSCRIBER GROUP	TENTH			SUBSCRIBER GRO	NINTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and						-	-	
Syndicate						-		
Exclusivi								
Surcharg for	,					-		
Partially						-		
Distant	·····						-	
Stations								
							-	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
			·				•	•
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
		SUBSCRIBER GROUP	TWELVTH	-	IP	SUBSCRIBER GRO	EVENTH	EL
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-		
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						•	.ph	
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth 0		\$	roup	
		\$	Group		0.00	\$	roup	Total DSEs Gross Receipts Third Gr

OMPUTATION OF UBSCRIBER GROU		FEES FOR EACH FOI COMMUNITY/ AREA CALL SIGN		BER GROUP SUBSCRIBER GROU  CALL SIGN	P 0	<b>9</b> Computat of Base Rate and
	0	COMMUNITY/ AREA			0	Computat of Base Rate
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate
						Base Rate
						and
				_		Syndicate
						Exclusivi Surcharg
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						Partially
				H		Distant
						Stations
			<u></u>	-		
***************************************						
		Total DSEs			0.00	
<b>.</b>	0.00	Gross Receipts Secon	d Group	\$	0.00	
<b>5</b>	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
UBSCRIBER GROU	Р		SIXTEENTH	SUBSCRIBER GROU	P	
	0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-		
				-		
	0.00	Total DSEs			0.00	
	0.00	Gross Receipts Fourth	Group	\$	0.00	
<b>;</b>	0.00	Base Rate Fee Fourth	Group	\$	0.00	
6 II 6 6	CALL SIGN	UBSCRIBER GROUP  CALL SIGN  DSE  0.00  0.00  0.00  0.00  0.00  1.0	Gross Receipts Secon  Base Rate Fee Secon  UBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  CALL SIGN  DSE  CALL SIGN  Total DSEs  Gross Receipts Fourth  Base Rate Fee Fourth  O.00  Base Rate Fee Fourth	Gross Receipts Second Group  Base Rate Fee Second Group  UBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  O.00  Total DSEs  Gross Receipts Fourth Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group	Gross Receipts Second Group  Base Rate Fee Second Group  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  SE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  SE  CALL SIGN  DSE  CALL SIGN	Gross Receipts Second Group  O.00  Base Rate Fee Second Group  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O.00  CALL SIGN  DSE  CALL SIGN  D

Nam	63110							North State Comm		
,	D			BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  SEVENTEENTH SUBSCRIBER GROUP  EIGHTEENTH SUBSCRIBER GROUP						
9	0	SUBSCRIBER GROUI	HIEENIH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	NIEENIH	COMMUNITY/ AREA		
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
and										
Syndica						-				
Exclusiv Surchar										
for						-	-			
Partiall										
Distan						-				
Station										
		_								
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	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr		
	0.00	\$		Base Rate Fee Second	0.00	\$				
	P	\$ SUBSCRIBER GROUP		TV	IP	\$ SUBSCRIBER GROU		NIN		
								NIN		
	P			TV	IP			NIN		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROUI	VENTIETH	TV COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	NTEENTH :	NIN COMMUNITY/ AREA		
	DSE	SUBSCRIBER GROUI	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	NIN COMMUNITY/ AREA  CALL SIGN		

0 9 Computat							uiiicatio	North State Comm
Computat		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	BI
Computat	BER GROUP	SUBSCRIBER GF	-SECOND	TWENTY	JP	SUBSCRIBER GROU	TY-FIRST	TWEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	IGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and		_						
Syndicat								
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Distant		_						
Stations								
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0	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	auc	Gross Receipts First Gro
<u>-</u> -		<u>·</u>						
0	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	BER GROUP	SUBSCRIBER GF	-FOURTH	TWENTY	JP	SUBSCRIBER GROU	Y-THIRD	TWENT
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
E	IGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		_						
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		_				-		
0	0.00		<u>I</u>	Total DSEs	0.00			otal DSEs
<u> </u>	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
_				11				
_								

LEGAL NAME OF OWNER North State Comm			•			S	4STEM ID# 63110	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROU		11	ITY-SIXTH	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
					•			
							2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-S	EVENTH	SUBSCRIBER GROU	P	TWENT	Y-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
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						H		
Total DSEs			0.00	Total DSEs	I		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	<u> </u>	0.00	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	-			1*	·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	ove.	\$		

**Nonpermitted 3.75 Stations** 

Name	STEM ID# 63110					ns, LLC		LEGAL NAME OF OWNER  North State Comm
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	_OCK A: (	В
9	<b>D</b>	SUBSCRIBER GROUP	HIRTIETH	Т		SUBSCRIBER GROU	Y-NINTH	TWENT
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Name	63110	S					R OF CABLE unicatio	North State Comm
				TE FEES FOR EACH				
9	)P	SUBSCRIBER GROU	Y-FOURTH	COMMUNITY/ AREA	)P 0	SUBSCRIBER GROU	IY-THIRD	COMMUNITY/ AREA
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and		_						
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Exclusivi Surcharg								
for						-	-	
Partially								
Distant								
Stations								
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		\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr THIR COMMUNITY/ AREA
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Nonpermitted 3.75 Stations

Name	63110					ons, LLC	unicatio	North State Commi
				TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	COMMUNITY/ AREA	)P 0	SUBSCRIBER GRO	SEVENIH	COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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LEGAL NAME OF OWNER North State Comm				Timeted 5.75 Sta		S	63110	Name
				TE FEES FOR EACH				
FOR' COMMUNITY/ AREA	I Y-FIRST	SUBSCRIBER GRO	<u>0</u>	FORT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	JP <b>0</b>	9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	Y-THIRD	SUBSCRIBER GRO	UP <b>0</b>	H	Y-FOURTH	SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA				COMMUNITY/ AREA			<u> </u>	
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	

BLOCK A	tions, LLC				•	63110	Name
	A: COMPUTATION C		11				
FORTY-FIFT	TH SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	9
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FORTY-SEVENT	TH SUBSCRIBER GRO	OUP	FOF	RTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
	\$	_		h Group	\$		

						ns, LLC		LEGAL NAME OF OWNE  North State Comm
_		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	В
	IP	SUBSCRIBER GROU	FIFTIETH		JP	SUBSCRIBER GROU	ΓY-NINTH :	FOR
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	SUBSCRIBER GROU	DSE	FIFT COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	CALL SIGN  CALL SIGN  Fotal DSEs
	0.00	SUBSCRIBER GROU	/-SECOND  DSE  Group	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE DSE	COMMUNITY/ AREA

EGAL NAME OF OWNER OF CA Corth State Communicat						63110	Name
			TE FEES FOR EACH				
FIFTY-THIE OMMUNITY/ AREA	RD SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROU	UP <b>0</b>	9
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
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FIFTY-FIF	TH SUBSCRIBER GRO	0 0	FI COMMUNITY/ AREA	IFTY-SIXTH	SUBSCRIBER GROU	UP <b>0</b>	
FIFTY-FIF	TH SUBSCRIBER GRO	0 0	FI COMMUNITY/ AREA	IFTY-SIXTH	SUBSCRIBER GROU	UP <b>0</b>	
FIFTY-FIF	TH SUBSCRIBER GRO	0 0	FI COMMUNITY/ AREA	IFTY-SIXTH	SUBSCRIBER GROU	UP <b>0</b>	
FIFTY-FIF	TH SUBSCRIBER GRO	0 0	FI COMMUNITY/ AREA	IFTY-SIXTH	SUBSCRIBER GROU	UP <b>0</b>	
FIFTY-FIF	TH SUBSCRIBER GRO	0 0	FI COMMUNITY/ AREA	IFTY-SIXTH	SUBSCRIBER GROU	UP <b>0</b>	
FIFTY-FIF	TH SUBSCRIBER GRO	0 0	FI COMMUNITY/ AREA	IFTY-SIXTH	SUBSCRIBER GROU	UP <b>0</b>	
FIFTY-FIF	TH SUBSCRIBER GRO	0 0	FI COMMUNITY/ AREA	IFTY-SIXTH	SUBSCRIBER GROU	UP <b>0</b>	
FIFTY-FIF	TH SUBSCRIBER GRO	0 0	FI COMMUNITY/ AREA	IFTY-SIXTH	SUBSCRIBER GROU	UP <b>0</b>	
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FIFTY-FIFTOMMUNITY/ AREA  CALL SIGN  DSE	TH SUBSCRIBER GRO	DUP 0	COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	UP 0 DSE	
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		GHTH SUBSCRIBER GROUP	O 9 Computation Base Rate and Syndication Exclusiv Surchar for Partiall Distan Station
COMMUNITY/ AREA O COMM	MUNITY/ AREA		Computation  E of Base Rate and Syndication Exclusiv Surchart for Partiall Distan
		SE CALL SIGN DS	Computation  E of Base Rate and Syndication Exclusiv Surchart for Partiall Distan
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otal DSEs 0.00 Total	DSEs	0.0	00
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Base Rate Fee First Group \$ 0.00 Base	Rate Fee Second Grou	s 0.0	00
FIFTY-NINTH SUBSCRIBER GROUP	SIXT	TIETH SUBSCRIBER GROUP	
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Gross Receipts Third Group \$ 0.00 Gross	Receipts Fourth Grou	up <b>\$ 0.0</b>	00
Base Rate Fee Third Group \$ 0.00 Base	Rate Fee Fourth Group	up <b>\$ 0.0</b>	00
II ase Rate Fee: Add the base rate fees for each subscriber group as show			

Name	YSTEM ID# 63110	S						LEGAL NAME OF OWNER North State Comm
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	В
9	JP	SUBSCRIBER GROU	/-SECOND	SIXT		SUBSCRIBER GROU	ΓY-FIRST :	SIX
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Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00		d Group	Base Rate Fee Secon	0.00		oup	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	SIX
	0.00 0.00	\$	d Group	Base Rate Fee Secon	<b>0.00</b>	\$	oup	SIX
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX*
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX*
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX*
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX*
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX*
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX*
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX*
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX*
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX*
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX*
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	SIX
	0.00    DSE	\$ SUBSCRIBER GROU	d Group  C-FOURTH  DSE	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	\$ SUBSCRIBER GROU	DSE DSE	SIX** COMMUNITY/ AREA  CALL SIGN  Total DSEs
	0.00  0.00  DSE	\$ SUBSCRIBER GROU	d Group  C-FOURTH  DSE	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROU	DSE DSE	SIX** COMMUNITY/ AREA  CALL SIGN

Name	STEM ID# 63110	SY						LEGAL NAME OF OWNER  North State Comm
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	(TY-SIXTH	İ		SUBSCRIBER GROU	TY-FIFTH	
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							ļ	
							ļ	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	sase Rate Fee First Gr
	)	SUBSCRIBER GROUP	Y-EIGHTH	SIXT	JP	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	SIXT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	
		SUBSCRIBER GROUP  CALL SIGN	Y-EIGHTH DSE			SUBSCRIBER GROU	DSE	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0 DSE		DSE	CALL SIGN  CALL SIGN  Total DSEs	0 DSE		DSE	CALL SIGN  CALL SIGN  Cotal DSEs
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN

NAME OF OWNER OF CABLE SYSTEM:  n State Communications, LLC		SY	STEM ID# 63110	Name
BLOCK A: COMPUTATION OF BASE RATE FEES				
SIXTY-NINTH SUBSCRIBER GROUP  MUNITY/ AREA 0 COMMUN	SEVENTIET	TH SUBSCRIBER GROUF	0	9
L SIGN DSE CALL SIGN DSE CALL S	IGN DSE	CALL SIGN	DSE	Computat of
				Base Rate
				and
				Syndicat
				Exclusiv Surchar
				for
				Partially
				Distant
				Station
DSEs Total DSE	s		0.00	
	ceipts Second Group	\$	0.00	
Receipts First Group \$ 0.00 Gross Re		<u>-                                    </u>		
Receipts First Group \$ 0.00   Gross Rec				
	e Fee Second Group	\$	0.00	
		\$ ND SUBSCRIBER GROUF		
Rate Fee First Group \$ 0.00 Base Rat  SEVENTY-FIRST SUBSCRIBER GROUP		<u> </u>		
Rate Fee First Group \$ 0.00 Base Rat  SEVENTY-FIRST SUBSCRIBER GROUP	SEVENTY-SECON	<u> </u>		
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON	ND SUBSCRIBER GROUF	0	
SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  0  Base Rat  COMMUN	SEVENTY-SECON JITY/ AREA IGN DSE	ND SUBSCRIBER GROUF	0	
Rate Fee First Group \$ 0.00 Base Rate  SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA 0 COMMUN  L SIGN DSE CALL SIGN DSE CALL S  CALL S  DSES 0.00 Total DSE	SEVENTY-SECON JITY/ AREA IGN DSE	ND SUBSCRIBER GROUF	DSE	
Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  MUNITY/ AREA  DSE  CALL SIGN  DSE  CALL S  CALL S  CALL S  DOSES  DOSES  DOSES  DOSE	SEVENTY-SECON  IITY/ AREA  IGN DSE	CALL SIGN	0.00	

Nonpermitted 3.75 Stations

Name	YSTEM ID# 63110					ns, LLC	unicatio	North State Comm
				TE FEES FOR EACH				
9	JP <b>0</b>	SUBSCRIBER GROU	Y-FOURTH	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ry-third :	SEVENT COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DSL	CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN
and								
Syndicate								
Exclusivi								
Surcharg for								
Partially		-				-		
Distant						-	-	
Stations								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
		\$		Gross Receipts Secon	0.00	\$		·
	0.00		d Group	Base Rate Fee Secon	0.00		oup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	0.00 0.00	\$	d Group	Base Rate Fee Secon	<b>0.00</b>	\$	oup	Base Rate Fee First Gr
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup	SEVEN COMMUNITY/ AREA CALL SIGN
	0.00  0.00  DSE	\$ SUBSCRIBER GROU	d Group	SEVE COMMUNITY/ AREA  CALL SIGN	0.00  JP  O  DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee First Gr SEVEN COMMUNITY/ AREA

Name	YSTEM ID# 63110					ons, LLC	unicatio	North State Comm
				TE FEES FOR EACH				
9	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	SEVEN COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GRO	SEVENTH	SEVENTY-S
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi						_		
Surcharg for								
Partially						+		
Distant								
Stations		_				_		
							-	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
		\$	·	Gross Receipts Secon	0.00	\$		·
	0.00		d Group	Base Rate Fee Secon	0.00		oup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	0.00 0.00	\$	d Group	Base Rate Fee Secon	<b>0.00</b>	\$	oup	Base Rate Fee First Gr
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN' COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN' COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN' COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN' COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN' COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN' COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN' COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN'
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN' COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN' COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gr SEVEN'
	0.00 0.00	\$ SUBSCRIBER GROU	d Group EIGHTIETH	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GRO	oup	SEVEN' COMMUNITY/ AREA  CALL SIGN
	0.00  0.00  DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN	0.00  JP  O  DSE	\$ SUBSCRIBER GRO	DSE	Base Rate Fee First Gr SEVEN' COMMUNITY/ AREA

Name	63110					ns, LLC		LEGAL NAME OF OWNER  North State Comm
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	В
9		SUBSCRIBER GROUP	-SECOND	İ		SUBSCRIBER GROU	TY-FIRST	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat						-		
Exclusiv		_					-	
Surcharg for								
Partially	<u></u>					-		
Distant							-	
Stations								
							ļ	
	0.00			Total DSEs	0.00		1	Fotal DSEs
		-						
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
		\$ SUBSCRIBER GROUP				\$ SUBSCRIBER GROU		
								EIGH
	)			EIGHTY	JP			EIGH
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	COMMUNITY/ AREA
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	0	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-THIRD	EIGHT
	DSE	SUBSCRIBER GROUP	-FOURTH	EIGHTY COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	TY-THIRD	EIGHT COMMUNITY/ AREA CALL SIGN
	0.00	SUBSCRIBER GROUP	DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE	EIGHT COMMUNITY/ AREA  CALL SIGN
	DSE	SUBSCRIBER GROUP	DSE	EIGHTY COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	EIGHT COMMUNITY/ AREA CALL SIGN

SYSTEM ID# 63110 Nam	S					VNER OF CABL	North State Comn
NP GUID			TE FEES FOR EACH				
0 9	SUBSCRIBER GROU	HTY-SIXTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU		EIGH COMMUNITY/ AREA
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat							
and	_						
Syndica							
Exclusi Surcha							
for							
Partia					-		
Dista	_						
Statio							
	_						
	_						
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	d Group	Gross Receipts Secor	0.00	\$	st Group	Gross Receipts First G
0.00	\$	d Group	Base Rate Fee Secon	0.00			
					\$		
GROUP	SUBSCRIBER GROU		EIGH	JP	SUBSCRIBER GROL	TY-SEVENTH	EIGHTY-
						TY-SEVENTH	EIGHTY-
GROUP			EIGH	JP		TY-SEVENTH	EIGHTY-
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY- COMMUNITY/ AREA
SROUP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-SEVENTH	EIGHTY-COMMUNITY/ AREA
DSE	SUBSCRIBER GROU	Y-EIGHTH DSE	EIGH COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	TY-SEVENTH  DSE	EIGHTY- COMMUNITY/ AREA
DSE  DSE  O.00	SUBSCRIBER GROU	Y-EIGHTH DSE	EIGH COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROU	TY-SEVENTH  DSE	EIGHTY- COMMUNITY/ AREA  CALL SIGN  Total DSEs

Name	STEM ID# 63110	SY						LEGAL NAME OF OWNER  North State Comm
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	В
9		SUBSCRIBER GROUP	NINTIETH	İ		SUBSCRIBER GROU	Y-NINTH	
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Name	63110							LEGAL NAME OF OWNER  North State Comm
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Nonpermitted 3.75 Stations

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LEGAL NAME OF OWNER North State Comm			•			SY	STEM ID# 63110	Name
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Nonpermitted 3.75 Stations

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Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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Name								North State Comn
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LEGAL NAME OF OWNER North State Comm			•	miliou 0.70 Olai		S	YSTEM ID# 63110	Name
			BASE RA	TE FEES FOR EACH				
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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	
	RTY-FIRST	SUBSCRIBER GROUP		H	TY-SECOND	SUBSCRIBER GROUP		
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Name	63110	SY			•			LEGAL NAME OF OWNER North State Comm
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	Bl
9		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED THIRT		SUBSCRIBER GROUP	TY-THIRD	
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		SUBSCRIBER GROUP	TY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED THIR
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**Nonpermitted 3.75 Stations** 

LEGAL NAME OF OWNER North State Comm			•			SY	STEM ID# 63110	Name
			BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
sase Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU		i i	FORTIETH	SUBSCRIBER GROUP		
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		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	_OCK A: (	ВІ
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North State Commi			•			S	STEM ID# 63110	Name
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ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-EIGHTH	SUBSCRIBER GROUP		
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		SUBSCRIBER GROUP	-SECOND	ONE HUNDRED FIFTY	IP	SUBSCRIBER GROU	TY-FIRST	ONE HUNDRED FIF
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