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
2-26-21	\$ 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	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Camden Telephone & Telegraph Company, Inc.								
				63398	320202				
				63398	2020/2				
	525 Junction Rd Madison, WI 53717-2152								
С	INSTRUCTIONS: In line 1, give any business or trade names used to id								
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	in space B	-				
System	1 IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.								
	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 with all communities.	only the frst comm	nunity served below and reli	st on page 1	lb				
Area Served	CITY OR TOWN	STATE							
First	St. Mary's	GA							
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB (GRP#				
Sample	Alda	MD	Α		1				
·	Alliance	MD	В		2				
	Gering	MD	В	3	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 suffciency of the fling, a determination that would be made by a court of law.

ORM SA3E. PAGE 1b.				•				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Camden Telephone & Telegraph Company, Inc.			63398					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.	e parks should be	reported in paren	theses					
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).								
When reporting the carriage of television broadcast stations on a community-by-commun channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber group							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#]				
St. Mary's	GA	AA		First				
				Community				
				See instructions for additional information				
				on alphabetization.				
				Add roug as necessary				
				Add rows as necessary.				
		<u> </u>						
				1				

	 	
	 †	
	 	
	<u> </u>	

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Camden Telephone & Telegraph Company, Inc.

SYSTEM ID#

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	4,415	\$25/mo	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial	14	\$55.54/mo	
Converter			
Residential	4,415	\$6/Mo.	
Non-residential			
ſ		+	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	14-19.99/mo	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$49.95		
 Fire protection 		Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
 First set 	\$0-\$49.95	Burglar protection			
Additional set(s)	\$0-\$49.95	Other services:			
 FM radio (if separate rate) 		Reconnect	\$0-\$25		
 Converter 		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

FORM SA3E. PAGE 3.						.1		
LEGAL NAME OF OWN					SYSTEM ID#	Name		
Camden Teleph	Camden Telephone & Telegraph Company, Inc. 63398				•			
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
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								
				•	nd (2) certain stations carried on a	Primary		
substitute program bas	, I		0 1			Transmitters:		
basis under specifc FC				carried by your ca	able system on a substitute program	Television		
•				Special Stateme	ent and Program Log)—if the			
station was carried	•		·:i		uto bosio and also an asses other			
·	•				ute basis and also on some other f the general instructions located			
in the paper SA3 for	rm.	•			-			
		-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-			
			-	-	n stream separately; for example			
WETA-simulcast).								
			-		on for broadcasting over-the-air in may be different from the channel			
on which your cable sy	stem carried th	e station.		,	•			
					pendent station, or a noncommercial			
	•	•	,		ast), "I" (for independent), "I-M" mmercial educational multicast).			
For the meaning of the	se terms, see p	page (v) of the	general instruct	tions located in th	e paper SA3 form.			
Column 4: If the sta planation of local servi			- •	**	s". If not, enter "No". For an ex-			
					tating the basis on which your			
		•	٠.	•	ering "LAC" if your cable system			
carried the distant stati	-				capacity. payment because it is the subject			
					tem or an association representing			
-			· · · · · · · · · · · · · · · · · · ·		y transmitter, enter the designa-			
` '				•	ner basis, enter "O." For a further d in the paper SA3 form.			
					to which the station is licensed by the			
FCC. For Mexican or C Note: If you are utilizing				-	which the station is identifed.			
rtote: ii you are umziii	g manipic onai				chamer line up.			
	T	CHANN	EL LINE-UP	AA				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)		<u> </u>		
WJXX	25.1	N	No		Orange Park, FL			
WJXX-DT2	25.2	N-M	No		Orange Park, FL	See instructions for		
WJXX-DT3	25.3	N-M	No		Orange Park, FL	additional information on alphabetization.		
WJAX	47.1	N	No		Jacksonville, FL	on alphabetization.		
WJAX-DT2	47.2	N-M	No		Jacksonville, FL			
WFOX	30.1	N	No		Jacksonville, FL			
WFOX-DT2	30.2	N-M	No		Jacksonville, FL	"		
WFOX-DT3	30.2	N-M	No		Jacksonville, FL			
		_						
WCWJ	17.1	<u> </u>	No		Jacksonville, FL			
WCWJ-DT2	17.2	I-M	No		Jacksonville, FL			
WTLV	12.1	N	No		Jacksonville, FL			
WTLV-DT2	VTLV-DT2 12.2 N-M No Jacksonville, FL							
WTLV-DT3 13.3 N-M No Jacksonville, FL								
WXGA								
WJCT								
WJCT-DT2	7.2	E-M	No		Jacksonville, FL			
		1						
WJCT-DT3	7.3	E-M	No		Jacksonville, FL			
WJCT-DT4	7.4	E-M	No		Jacksonville, FL			

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ED OF CARLE SV	CTEM:			TPVP	EM ID#			
Camden Teleph			nany. Inc.			63398	Name		
PRIMARY TRANSMITTE		•	,,						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
 basis under specifc FC Do not list the station station was carried List the station here, 	CC rules, regula here in space only on a subst and also in spa formation conc	itions, or authors. G—but do listritute basis. ce I, if the sta	orizations: it in space I (the tion was carried	e Special Stateme	nt and Program Log)—if the te basis and also on some other the general instructions located		Television		
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 sta 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 s explanation of these th Column 6: Give the	associated with -2". Simulcast: c channel numble. For example stem carried the in each case ventering the least), "E" (for not se terms, see pation is outside ce area, see pation on a part-tirion of a distant entered into or a primary transistimulcasts, also ree categories, a location of each canadian station.	on a station acceptance of the FCC has been station. Whether the station whether the station whether the station acceptance (v) of the station of the local serves in column and basis because a multicast streen or before Jumitter or an associated in the local serves of the station. For the station, if any, gives	coording to its over be reported in comment of the annel 4 in Washington is a network, "N-M" (for educational), or general instruction is a retwork), "N-M" (for educational), or general instruction is a retwork of the general instruction is accounting perioduce of lack of accounting perioduce of lack of accounting perioduce of the general instruction is accounted the conference of the general in the general	er-the-air designation of the television station of the television station of the television station of the television station of the television of television of the television of the television of the television of television o	er". If not, enter "No". For an expaper SA3 form. ating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject em or an association representing transmitter, enter the designater basis, enter "O." For a further I in the paper SA3 form. to which the station is licensed by the which the station is identifed.				
		CHANN	EL LINE-UP	AA (cont)					
1. CALL SIGN									
WJCT-DT5	7.5	E-M	No		Jacksonville, FL				
WJEB	59.1	I	No		Jacksonville, FL				
WPXC	21.1	I	No		Brunswick, GA				
WJXT	4.1	I	No		Jacksonville, FL				
WJXT-DT2	WJXT-DT2 4.2 I-M No Jacksonville, FL								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63398 Camden Telephone & Telegraph Company, Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN S/D AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION N/A

TORWOASE, TAGE 5.						ACCOUNTING	TEMOD. 2020/2	
LEGAL NAME OF OWNER OF Camden Telephone &			Inc.		(63398	Name	
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEMEN	NT AND PROGRAM LOG	ì				
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.								
1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				Carriage: Special	
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes X No								
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ist complete the progra	n		
2. LOG OF SUBSTITUT								
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love Column 2: If the prograi Column 3: Give the call	ace, please of every no distant state egulations, cation. Do no Lucy" or "NE m was broad sign of the	attach addition nnetwork telev tion and that your authorization of use general of BA Basketball: dcast live, ente station broadca	al pages. ision program (substitute p ur cable system substitute s. See page (vi) of the ger categories like "movies", or	rogram) that, d for the prog eral instructic "basketball". o." m.	during the accounting ramming of another sta ons located in the paper List specific program	tion		
the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	station is ider	ntified).			
Column 5: Give the more first. Example: for May 7 gi	•	when your sys	tem carried the substitute p	orogram. Use	numerals, with the mor	nth		
, , , ,		e substitute pro	gram was carried by your	able system.	List the times accurate	ly		
to the nearest five minutes	. Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be			
stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	listed program	was substituted for progra	mming that y	our system was require	d		
to delete under FCC rules	and regulati	ons in effect du	uring the accounting period	; enter the let	tter "P" if the listed pro			
gram was substituted for perfect on October 19, 1976		that your syste	em was permitted to delete	under FCC r	ules and regulations in			
				1		1		
	el IDOTITI IT	TE PROGRAM	1		N SUBSTITUTE AGE OCCURRED	7. REASON		
	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION		
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
N/A					_			
	· 							
	ļ							
					_			
					_			
					_			
					_			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63398 Camden Telephone & Telegraph Company, Inc. 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 DATE **FROM** TO DATE **FROM** TO N/A

LEG	AL NAME OF OWNER OF CABLE SYSTEM: nden Telephone & Telegraph Company, Inc.			SYSTEM ID#	Namo			
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)								
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.			1,361,374.25 gross receipts)				
 Instru Con If you fee If you accomp If pa 	CRIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. but system did not carry any distant television stations, leave block 3 blank. Enter the amount from block 1 on line 1 of block 4, and calculate the total royalty fee. but system did carry any distant television stations, you must complete the applicable parts of parts of part 9, block A, of the DSE schedule was completed, the base rate fee should be eak 3 below.	s of the [DSE Sche	edule	L Copyright Royalty Fee			
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ent slow.	tered on	line 2 in b	olock				
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be ente	ered on lin	ne				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period.			the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		Ψ	1,361,374.25				
	This is your minimum fee.	\$		14,485.02				
2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. X No—Leave block 3 below blank and column to the part 8, section 3 or the part 9, block 4 of the DSE schedule.	4, you n ?	nust chec	k	_			
Block 3	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		Ψ	0.00				
	Line 3. Add lines 1 and 2 and enter here	\$		-				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	14,485.02	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.			0.00	submitting additional deposits under			
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact			
	Line 4. FILING FEE		\$	725.00	the Licensing additional fees. Division for the			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		15,210.02	appropriate form for submitting the			
	EFT Trace # or TRANSACTION ID #				additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form and the Excel instructions tab			tion.)				

		TEM ID#							
Name		63398							
	Camden Telephone & Telegraph Company, Inc.	03330							
	CHANNELS								
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations								
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels	to to cascollate and (2) the casto systems total number of activation shalling the accounting period.								
	1. Enter the total number of channels on which the cable								
	system carried television broadcast stations								
		_							
	Enter the total number of activated channels	_							
	on which the cable system carried television broadcast stations								
	and nonbroadcast services								
	INDIVIDUAL TO DE CONTACTED IS SUBSTITUTE INFORMATION IS NEEDED. (Identify on individual								
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Individual to	we can contact about this statement of account.)								
Be Contacted									
for Further	Name Stephanie Weber Telephone (608) 664-4721								
Information	Name Stephanie Weber Telephone (006) 004-4721	••							
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number)								
	(Number, street, rural route, apartment, or suite number)								
	Madison, WI 53717-2152								
	(City, town, state, zip)								
	- II - Constant Other Constant								
	Email Finance@tdstelecom.com Fax (optional)								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
0									
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
Certification	I, the discongreed, notedy certain that (check one, sat only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	(White date than corporation of parties sing) rain the owner of the cable system as identified in line 1 of space B, of								
	(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								
	In the 1 of space B and that the owner is not a corporation of particleship, of								
	(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.								
	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)]								
	/s/ Sharon V. Tisdale								
	- A								
	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.								
	button, then type 797 and your name. The same to button will avoid enabling excers compatibility settings.								
	Typed or printed name: Sharon V. Tisdale								
	Title: Assistant Treasurer								
	(Title of official position held in corporation or partnership)								
	Date: Falance 00 0004								
	Date: February 26, 2021								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Camden Telephone & Telegraph Company, Inc.	SYSTEM ID# 63398	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)-	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymen For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	t.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 4	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	arge)	
* 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.	е	
** 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 origina filing.	I	
Owner Address		
First community served Accounting period ID number		

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

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Camden Telephone & Telegraph Company, Inc.								
	SUM OF DSEs OF CATEGOR					63398			
	 Add the DSEs of each station 								
	Enter the sum here and in line	1 of part 5 of this	s schedule.	ŀ	0.00				
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5								
	of space G (page 3).								
Computation of DSEs for	In the column headed "DSE" mercial educational station, give			as "1.0"; for ea	ach network or noncom-				
Category "O"	merciai educationai station, giv	c the DOL as .z	CATEGORY "O" STATION	S: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						•••••			
						•••••			
						•			
Add rows as									
necessary. Remember to copy all									
formula into new									
rows.									
1		I		1		I			

Į	4	 * · · · · · · · · · · · · · · · · · · ·	7 ········	

Nama		OWNER OF CABLE SYSTEM:						5	SYSTEM ID#
Name	Camden Tel	ephone & Telegraph	Company, I	nc.					63398
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 distal : For each station, give th correspond with the inform : For each station, give th : Divide the figure in colu at least to the third decin : For each independent s value as ".25." : Multiply the figure in colu point. This is the station's	ne number of I mation given in the total number mn 2 by the final point. This station, give the	nours your cable system in space J. Calculate only of hours that the static gure in column 3, and ging is the "basis of carriage e "type-value" as "1.0." If the figure in column 5, and ging in the system of the s	n carried the static ly one DSE for ea on broadcast over ive the result in de value" for the sta For each network	on during the a ach station. The air during ecimals in colution. or noncomme	the account mn 4. This fi rcial educati nd to no less	ing period. igure must onal station, s than the	
Capacity		(CATEGOR	Y LAC STATIONS:	COMPUTATION	ON OF DSE	s		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	SE
	N/A		÷		=	X		=	
			÷		=	x x			
			÷		=	х		=	
			÷		=	x			
			÷		=	x x			
			÷		=	x		=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in efference of the Broadcast of space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each state of the call sign of each state of the color of the co	ation listed in s tution for a pro- as shown by the ork programs de number of live spond with the in the calenda in 2 by the figu (For more info	space I (page 5, the Log ogram that your system ne letter "P" in column 7 uring that optional carria e, nonnetwork programs information in space I. ar year: 365, except in a ure in column 3, and give rmation on rounding, se	of Substitute Pro was permitted to of space I); and age (as shown by the carried in substitute leap year. the result in colu- te page (viii) of the	delete under F ne word "Yes" ir ution for progr umn 4. Round e general instr	CC rules and column 2 of arms that we to no less the uctions in the	re deleted an the third).
				E-BASIS STATION					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUME OF PROC	BER BRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		4		=			÷		=
		-		=			÷		=
		-		=			÷		=
		+		=			<u>÷</u>		=
	Add the DSEs	OF SUBSTITUTE-BASI			▶		0.00		=
5		ER OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule a	and add them t	o provide the	total	
Total Number	1. Number	of DSEs from part 2 ●						0.00	
of DSEs	2. Number	of DSEs from part 3 ●						0.00	
	3. Number	of DSEs from part 4 ●				-		0.00	
	TOTAL NUMBE	R OF DSEs							0.00

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

	owner of Cable S ohone & Telegra		any, Inc.				S	YSTEM ID# 63398	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rer "No," complete bloo	mainder of pa		of the DSE sched	ule blank and	complete part	8, (page 16) of the		6
• II your ariswer ii	No, complete bloc			TELEVISION MA	ARKFTS				Computation of
effect on June 24, Yes—Com	m located wholly ou 1981? nplete part 8 of the solete blocks B and 6	utside of all m	ajor and small	er markets as defir	ned under sec		C rules and regula	ations in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulatio e DSE Scheo	ns prior to Jur dule. (Note: Th	part 2, 3, and 4 of t le 25, 1981. For fur e letter M below re Act of 2010.)	rther explanati	ion of permitted	d stations, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and reguled pursuant to on as defined al educationa d station (76.6 r DSE schedu ant to individu viously carrie IHF station wi	ations cited be to the FCC man in 76.5(kk) (7.1 station [76.58) (see paragule). It was a waiver of Fed on a part-tim thin grade-B contact the contact of the	e or substitute bas ontour, [76.59(d)(5	e in effect on 5.57, 76.59(b), 0(1), 76.63(a) 3(a) referring estitution of gradies	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered state	5.63(a) referring to 61(e)(1) ations in the		
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 o			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	···		•	•					
								0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of [OSEs from p	oart 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs from	block B abo	ve					
	line 2 from line 1. eave lines 4–7 bla			•		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter sur	n here						partially permited/ partially
Line 6: Enter tota	al number of DSE	s from line 3	3				x	<u>-</u>	nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 and	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Camden Telephone & Telegraph Company, Inc. 63398 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE **PERIOD** CARRIAGE DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes-List each station below with its appropriate permitted DSE Yes-List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs **TOTAL DSEs**

LEGAL NA	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	Camden Telephone & Telegraph Company, Inc.	63398	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,361,374.25	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? \(\text{\bar{X}} \) No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	E	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	_	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	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: Camden Telephone & Telegraph Company, Inc.	SYSTEM ID# 63398						
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). \$\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	03398						
8 Computation of Base Rate Fee	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FILESCORP. Section 1								
	Section 2 Section 3	Enter the amount of gross receipts from space K (page 7). Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). If the figure in section 2 is 4.000 or less, 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.	<u>-</u>						

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

	AME OF OWNER OF CABLE SYSTEM: len Telephone & Telegraph Company, Inc.	SYSTEM ID# 63398	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) * \$	_	Computation of
	C. Multiply line B by 3.000 and enter here > \$		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 \$		
	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 broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed.	•	9
receipt exclusion of the same system Comping groups In each exclusion of the same system of the same control of the same contr	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 to a	advantage of this to the same the the number of r each group. part 7, you must elow. However, ation you cated tation (and, by Each hat a cable tem's subscriber	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations
subscr • If:	bers in the group.		
4 of thi	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it s schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l	•	
part	6 of this schedule. The DSEs for each station. This gives you the total DSEs for the particular subscriber group.	,	
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general apper SA3 form.	instructions	
 Compage. 	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not ne	nat is, the total	

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

actual calculations on the form.

LEGAL NAME OF OWN Camden Telepho			Inc.			\$	63398	Name
		: COMPUTATION (SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA 0			COMMUNITY/ AREA	9 Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
T			0.00	T			0.00	
Total DSEs Gross Receipts Third	Group	•	0.00	Total DSEs Gross Receipts Foul	rth Group	\$	0.00	
C.000 Recoupts Tillu	Jioup	<u>*</u>	<u> </u>	Sisso Receipts Four	Oroup	*		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
D B E A	45 - 1							
Enter here and in bloo			criber group a	s shown in the boxes a	idove.	\$	0.00	