

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**

Return completed workbook by email to:

coplicsoa@loc.gov

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

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
7-30-21	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2021/1																										
B Owner	<p>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. <i>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.</i></p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 63648																										
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM iTV-3, LLC</p> <p style="text-align: right;">63648 2021/1</p> <p>602 High Point Lane East Peoria, IL 61611</p>																										
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>																										
	1	IDENTIFICATION OF CABLE SYSTEM:																									
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																									
D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 25%;">STATE</td> <td colspan="2"></td> </tr> <tr> <td>Peoria</td> <td>IL</td> <td colspan="2"></td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>			CITY OR TOWN	STATE			Peoria	IL			CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																										
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC				SYSTEM ID# 63648			
H Primary Transmitters: Radio	<p>PRIMARY TRANSMITTERS: RADIO 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.</p> <p>Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.</p> <p>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).</p>							
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
This area contains a large grid of empty cells for data entry, as per the image								

LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC	SYSTEM ID# 63648	Name																		
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts																		
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">968,516.46</td> </tr> <tr> <td colspan="2" style="padding: 2px 5px; text-align: center;">(Amount of gross receipts)</td> </tr> </table>	\$	968,516.46	(Amount of gross receipts)															
\$	968,516.46																			
(Amount of gross receipts)																				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> • 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. <p>▶ 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.</p> <p>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.</p> <p>▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.</p>		L Copyright Royalty Fee																		
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. This is your minimum fee.	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">968,516.46</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">10,305.02</td> </tr> </table>	\$	968,516.46			\$	10,305.02												
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\$	10,305.02																			
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> • Did your cable system carry any distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4. 																			
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 Line 3. Add lines 1 and 2 and enter here	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">-</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">-</td> </tr> </table>	\$	-			\$	0.00			\$	-								
\$	-																			
\$	0.00																			
\$	-																			
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 zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) Line 4. FILING FEE	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">10,305.02</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">725.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">11,030.02</td> </tr> </table>	\$	10,305.02			\$	0.00			\$	0.00			\$	725.00			\$	11,030.02
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TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">\$</td> <td style="padding: 5px; text-align: right;">11,030.02</td> </tr> </table>	\$	11,030.02																
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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 for more information.)		Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing additional fees. Division for the appropriate form for submitting the additional fees.																		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC	SYSTEM ID# 63648
M Channels	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 35</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 221</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name Samuel Valencia Telephone 309-689-0711</p> <p>Address 602 High Point Lane (Number, street, rural route, apartment, or suite number)</p> <p>East Peoria, IL 61611 (City, town, state, zip)</p> <p>Email accounting@i3broadband.com Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (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</p> <p><input checked="" type="checkbox"/> (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.</p> <ul style="list-style-type: none"> 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)] <p> X /s/ Samuel Valencia</p> <p>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.</p> <p>Typed or printed name: Samuel Valencia</p> <p>Title: CFO (Title of official position held in corporation or partnership)</p> <p>Date: July 30, 2021</p>	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: ITV-3, LLC	SYSTEM ID# 63648	Name
<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 20px;">"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."</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____</p>		<p style="font-size: 2em; margin: 0;">P</p> <p style="margin: 0;">Special Statement Concerning Gross Receipts Exclusion</p>
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	
<p>INTEREST ASSESSMENTS</p> <p>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.</p> <p>Line 1 Enter the amount of late payment or underpayment _____</p> <p style="text-align: right; margin-left: 400px;">x _____</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ -</p> <p style="text-align: right; margin-left: 400px;">x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here _____ -</p> <p style="text-align: right; margin-left: 400px;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) _____ \$ _____ -</p> <p style="text-align: right; margin-left: 400px;">(interest charge)</p> <p>* 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@loc.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <p>Owner _____ Address _____ _____ _____</p> <p>First community served _____ Accounting period _____ ID number _____</p>		<p style="font-size: 2em; margin: 0;">Q</p> <p style="margin: 0;">Interest Assessment</p>

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LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC		SYSTEM ID# 63648	Name					
<p>Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.</p>			6					
BLOCK A: TELEVISION MARKETS			Computation of 3.75 Fee					
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? <input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No—Complete blocks B and C below.								
BLOCK B: CARRIAGE OF PERMITTED DSEs								
Column 1: CALL SIGN	List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)							
Column 2: BASIS OF PERMITTED CARRIAGE	Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.							
Column 3:	List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)							
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	
BLOCK C: COMPUTATION OF 3.75 FEE								
Line 1: Enter the total number of DSEs from part 5 of this schedule							-	
Line 2: Enter the sum of permitted DSEs from block B above							-	
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)							0.00	
Line 4: Enter gross receipts from space K (page 7)							x 0.0375	
Line 5: Multiply line 4 by 0.0375 and enter sum here							x	
Line 6: Enter total number of DSEs from line 3							-	
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)							0.00	

Do any of the DSEs represent partially permitted/partially nonpermitted carriage? If yes, see part 9 instructions.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC	SYSTEM ID# 63648
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Worksheet for Computing the DSE Schedule for Permitted Part-Time and Substitute Carriage

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 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 identified by the letter "F" in column 2 of part 6 of the DSE schedule.
 Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.
 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).
 Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:
 (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)
 A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 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 file in the Licensing Division.

PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS

1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE

7
Computation of the Syndicated Exclusivity Surcharge

Instructions: Block A must be completed.
 In block A:
 If your answer is "Yes," complete blocks B and C, below.
 If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.

BLOCK A: MAJOR TELEVISION MARKET

• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?
 Yes—Complete blocks B and C. No—Proceed to part 8

BLOCK B: Carriage of VHF/Grade B Contour Stations

Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?
 Yes—List each station below with its appropriate permitted DSE
 No—Enter zero and proceed to part 8.

CALL SIGN	DSE	CALL SIGN	DSE
TOTAL DSEs			0.00

BLOCK C: Computation of Exempt DSEs

Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)
 Yes—List each station below with its appropriate permitted DSE
 No—Enter zero and proceed to part 8.

CALL SIGN	DSE	CALL SIGN	DSE
TOTAL DSEs			0.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC		SYSTEM ID# 63648	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7)	▶ \$	968,516.46
Section 2	A. Enter the total DSEs from block B of part 7	▶	0.00
	B. Enter the total number of exempt DSEs from block C of part 7	▶	0.00
	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
• Is any portion of the cable system within a top 50 television market as defined by the FCC? <input type="checkbox"/> Yes—Complete section 3 below. <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)	▶ \$	
	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 figure on line C in section 2) and enter here	▶	
	F. Multiply line D by line E and enter here	▶ \$	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	▶ \$	
SECTION 4: SECOND 50 TELEVISION MARKET			
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.		
	A. Enter 0.00300 of gross receipts (the amount in section 1)	▶ \$	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	▶ \$	
	C. Subtract 1.000 from total permitted DSEs (the 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	▶ \$	

7

Computation of the Syndicated Exclusivity Surcharge

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC	SYSTEM ID# 63648
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). ▶ \$ _____ E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. ▶ _____ F. Multiply line D by line E and enter here ▶ \$ _____ G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) _____ Syndicated Exclusivity Surcharge. ▶ \$ _____	

8 Computation of Base Rate Fee	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	
BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS		
• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> 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. (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 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. ▶ \$ _____ 0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
iTV-3, LLC		63648	
Section 4	<p>If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____</p> <p>F. Multiply line D by line E and enter here ▶ \$ _____</p> <p>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</p>	<p>8</p> <p>Computation of Base Rate Fee</p>	
<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p>Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. • If: <ol style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 2) 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. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 		<p>9</p> <p>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations</p>	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC						SYSTEM ID# 63648		Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		<u>0.00</u>		Total DSEs		<u>0.00</u>		
Gross Receipts First Group		\$ <u>0.00</u>		Gross Receipts Second Group		\$ <u>0.00</u>		
Base Rate Fee First Group		\$ 0.00		Base Rate Fee Second Group		\$ 0.00		
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		<u>0.00</u>		Total DSEs		<u>0.00</u>		
Gross Receipts Third Group		\$ <u>0.00</u>		Gross Receipts Fourth Group		\$ <u>0.00</u>		
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. Enter here and in block 3, line 1, space L (page 7)						\$ 0.00		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC						SYSTEM ID# 63648		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 0.00	Gross Receipts Second Group				\$ 0.00
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 0.00	Gross Receipts Fourth 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. Enter here and in block 3, line 1, space L (page 7)								\$	

9

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC						SYSTEM ID# 63648		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 0.00	Gross Receipts Second Group				\$ 0.00
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 0.00	Gross Receipts Fourth 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. Enter here and in block 3, line 1, space L (page 7)								\$ 0.00	

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Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC						SYSTEM ID# 63648		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts First Group				\$ <u>0.00</u>	Gross Receipts Second Group				\$ <u>0.00</u>
Base Rate Fee First Group				\$ <u>0.00</u>	Base Rate Fee Second Group				\$ <u>0.00</u>
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts Third Group				\$ <u>0.00</u>	Gross Receipts Fourth Group				\$ <u>0.00</u>
Base Rate Fee Third Group				\$ <u>0.00</u>	Base Rate Fee Fourth Group				\$ <u>0.00</u>
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

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Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC						SYSTEM ID# 63648		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								9	
SEVENTEENTH SUBSCRIBER GROUP				EIGHTEENTH SUBSCRIBER GROUP					Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
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 First Group			\$ 0.00	Gross Receipts Second Group			\$ 0.00		
Base Rate Fee First Group			\$ 0.00	Base Rate Fee Second Group			\$ 0.00		
NINETEENTH SUBSCRIBER GROUP				TWENTIETH 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 Group			\$ 0.00	Gross Receipts Fourth Group			\$ 0.00		
Base Rate Fee Third Group			\$ 0.00	Base Rate Fee Fourth Group			\$ 0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC						SYSTEM ID# 63648		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-FIRST SUBSCRIBER GROUP					TWENTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 0.00	Gross Receipts Second Group				\$ 0.00
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
TWENTY-THIRD SUBSCRIBER GROUP					TWENTY-FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 0.00	Gross Receipts Fourth 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. Enter here and in block 3, line 1, space L (page 7)								\$ 0.00	

9
 Computation
 of
 Base Rate Fee
 and
 Syndicated
 Exclusivity
 Surcharge
 for
 Partially
 Distant
 Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: iTV-3, LLC						SYSTEM ID# 63648		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-FIFTH SUBSCRIBER GROUP					TWENTY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 0.00	Gross Receipts Second Group				\$ 0.00
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
TWENTY-SEVENTH SUBSCRIBER GROUP					TWENTY-EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 0.00	Gross Receipts Fourth 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. Enter here and in block 3, line 1, space L (page 7)								\$ 0.00	

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Computation
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and
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