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:

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					
2/21/22	\$					
	ALLOCATION NUMBER					

coplicsoa@loc.gov

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

	ACCOUNTING PERIOD COVERED BY THIS STATEN	NENT:			
Accounting Period	2021/2				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the orrate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the owner conducts the owner of the exercision	e business of the cable system the owner on the last day of the ntire accounting period.	accounting period should s		02728
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYST	EM			
	Cumberland Cellular LLC				
	DUO Broadband				
				027285	52021
				027285	2021/2
	P.O. Box 80				
	Jamestown, KY 42629				
С	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a				
C System	INSTRUCTIONS: In line 1, give any business or trade names				
•	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a				
•	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a lidentification of CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:				
•	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a 1 DENTIFICATION OF CABLE SYSTEM:				
•	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a lidentification of CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:				
•	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	ddress of the system, if diffe	rent from the address giv	ven in space	e B.
System	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a identification of CABLE SYSTEM: Image: Instructure of the system of	ddress of the system, if diffe	rent from the address giv	ven in space	e B.
System D	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a 1 IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) Instructions: For complete space D instructions, see page 1b	ddress of the system, if diffe	rent from the address giv	ven in space	e B.
System D Area	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing at 1 IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) Instructions: For complete space D instructions, see page 1b with all communities.	ddress of the system, if diffe	rent from the address giv	ven in space	e B.
System D Area Served	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing at a space B. In line 2, give the mailes at a space B. In line 4, give the mailes at a space B. In l	ddress of the system, if diffe	unity served below and r	ven in space	e B.
System D Area Served First	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a 1 IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) Instructions: For complete space D instructions, see page 1b with all communities. CITY OR TOWN Russell Springs Instructions	ddress of the system, if diffe	unity served below and r	relist on pag	e B.
System D Area Served First Community	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing at a present provide the system of t	ddress of the system, if diffe	unity served below and r pace G. CH LINE UP	relist on pag	e B. le 1b GRP# 1
System D Area Served First	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing at a present provide the system of the space of the space of the space of the system of the	ddress of the system, if diffe	unity served below and r	relist on pag	e B. le 1b

EGAL NAME OF OWNER OF CABLE SYSTEM: Cumberland Cellular LLC			SYSTEM ID# 027285	
nstructions: List each separate community served by the cable system. A "con n FCC rules: "a separate and distinct community or municipal entity (including u areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). of system identifcation hereafter known as the "first community." Please use it as	inincorporated communi . The frst community tha	ties within unincor t you list will serve	porated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mole below the identified city or town.	bile home parks should l	be reported in pare	entheses	
f all communities receive the same complement of television broadcast stations all communities with the channel line-up "A" in the appropriate column below or l on a partially distant or partially permitted basis in the DSE Schedule, associate designated by a number (based on your reporting from Part 9).	leave the column blank.	If you report any s	stations	
When reporting the carriage of television broadcast stations on a community-by- channel line-up designated by an alpha-letter(s) (based on your Space G reporti based on your reporting from Part 9 of the DSE Schedule) in the appropriate co	ing) and a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#]
Russell Springs	KY	Α	1	First
Adair County	KY	В	2	Community
Columbia	KY	В	2	
Cumberland County	KY	С	3	
Jamestown	KY	A	1	
Russell County	KY	A	1	See instructions for additional information on alphabetization.
				additional information
				additional informati on alphabetization.
				additional informati on alphabetization.
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				additional information
				additional informati on alphabetization.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								YSTE	M ID		
name	Cumberland Cellular LL	.C							02	728		
_	SECONDARY TRANSMISSION	I SERVICE: S	UBSCR	RIBERS AND R	ATES							
E	In General: The information in s			-	-	lary transmissior	service of	the cable				
	system, that is, the retransmission											
Secondary	about other services (including p						e those exis	sting on the				
Transmission Service: Sub-	last day of the accounting period						abla avata	n brokon				
scribers and	Number of Subscribers: Both						-					
Rates		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 serv							e enalgea				
	Rate: Give the standard rate of											
	unit in which it is generally billed					dard rate variatio	ons within a	particular rate				
	category, but do not include disc					ocondon, tronom	iccion con	ing that apple				
	Block 1: In the left-hand block systems most commonly provide	•		0		,						
	that applies to your system. Not											
	categories, that person or entity			-		-						
	subscriber who pays extra for ca	able service to	additio	nal sets would	be includ	led in the count u	under "Serv	vice to the				
	first set" and would be counted of							.				
	Block 2: If your cable system	-										
	printed in block 1 (for example, t											
	with the number of subscribers a sufficient.	and rates, in th	ie right-	папа рюск. А с	wo- or tr	iree-word descrip		Service is				
		DCK 1					BLOC	К 2				
		NO. OF						NO. OF	_			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CA	TEGORY OF SE	RVICE	SUBSCRIBERS	R	ATE		
	Residential:		2 502	¢ 07.05	Ctoude			0.474	¢			
	Service to first set Service to additional act(a)		2,592	\$ 27.95		rd Cable		2,171 1,059	\$ \$	89.9		
	 Service to additional set(s) FM radio (if separate rate) 				Digital 1 HDTV Premuim				э \$	17.9 3.9		
	• FM radio (il separate rate) Motel, hotel					remum		23	Þ	ა.ა		
	Commercial		234	\$ 103.41								
	Converter		207	\$ 103.41								
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TR	ANSMI	SSIONS: RATE	ES							
F	In General: Space F calls for ra	te (not subscri	ber) inf	ormation with r	espect to	all your cable s	ystem's sei	vices that were				
Г	not covered in space E, that is, t											
Somiono	service for a single fee. There and furnished at cost or (2) services				•		0 (,				
Services Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		uouun	y billed. If dify f		onarged on a ve		orogram bablo,				
ransmissions:		• •										
Rates	Block 2: List any services that											
	listed in block 1 and for which a		-		lished. Li	ist these other se	ervices in th	ne form of a				
	brief (two- or three-word) descrip			rate for each.								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATECO	BLOCK 2 DRY OF SERVICE	Р	ATE		
	Continuing Services:	INATE		ation: Non-res			CATEGO	DRI OF SERVICE				
	• Pay cable	\$ 27.95		otel, hotel	laonnaí		HBO Un	limited	\$	22.9		
	Pay cable—add'l channel	·		mmercial				« Package	÷ \$	19.9		
	• Fire protection		_	y cable				ne Unlimited	\$	19.9		
	•Burglar protection			y cable-add'l ch	nannel			per Package	\$	19.9		
	Installation: Residential			e protection			HBO & O		\$	32.9		
	First set	\$ 45.00		rglar protection		-		& Showtime	\$	29.9		
	Additional set(s)	\$ 15.00		services:				Showtime	\$	32.9		
	• FM radio (if separate rate)		•Re	connect		\$ 25.00		emax/Showtime	\$	42.9		
	• Converter		• Dis	sconnect			All 4 Su	oer Pack	\$	52.9		
			• Ou	itlet relocation		\$ 25.00						
			• Mo	ove to new addr	ess	\$ 20.00						

I SA3E. PAGE 3.			

FORM SA3E. PAGE 3. LEGAL NAME OF OWI Cumberland C		/STEM:			SYSTEM ID# 027285	Namo
PRIMARY TRANSMITT		ON				
carried by your cable FCC rules and regular 76.59(d)(2) and (4), 70 substitute program ba Substitute Basis basis under specifc F0	system during the tions in effect or 6.61(e)(2) and (asis, as explaine Stations: With r CC rules, regula	he accounting n June 24, 19 (4), or 76.63 (ed in the next respect to any ations, or auth	g period except 81, permitting th referring to 76.6 paragraph distant stations norizations	 (1) stations carrie ne carriage of cer 1(e)(2) and (4))]; s carried by your 	s and low power television stations) ed only on a part-time basis under tain network programs [section: and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters Television
			t it in space I (th	ne Special Staten	nent and Program Log)—if the	
basis. For further in in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WET/ WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the si planation of local serv Column 5: If you h carried the distant sta For the retransmiss of a written agreemen	, and also in spa nformation conc orm. ch station's call a associated with A-2". Simulcast : the channel numb set. For example system carried th e in each case y y entering the le icast), "E" (for m ese terms, see p tation is outside icca area, see p have entered "Ye the distant statiti tion on a part-tin sion of a distant at entered into or	ace I, if the sta serning substi sign. Do not I h a station ac streams musi ber the FCC f e, WRC is Ch ne station. whether the si tter "N" (for n oncommercia page (v) of the the local sem on column on during the me basis bec: multicast str n or before Ju	tute basis statio report origination cording to its ow t be reported in has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" (il educational), c e general instruct 4, you must con accounting peri- ause of lack of a eam that is not sune 30, 2009, be	ns, see page (v) n program service er-the-air designa column 1 (list eac the television sta nington, D.C. This ork station, an ind for network multii or "E-M" (for nonc ctions located in th mplete column 5, od. Indicate by en activated channel aubject to a royall etween a cable sy	es". If not, enter "No". For an ex te paper SA3 form stating the basis on which you ntering "LAC" if your cable systen capacity ty payment because it is the subjec ystem or an association representing	
on "E" (exempt). For explanation of these the Column 6: Give the	simulcasts, also hree categories le location of ea Canadian statio	o enter "E". If , see page (v ch station. Fc ons, if any, giv	you carried the) of the general or U.S. stations, re the name of th	channel on any o instructions locat list the community with the community with	ary transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form ly to which the station is licensed by the th which the station is identifed n channel line-up.	
		CHANN	EL LINE-UP	A Russell		1
1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF	_	A Russell 5. BASIS OF CARRIAGE	6. LOCATION OF STATION	-
SIGN	CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT?	5. BASIS OF		
SIGN WBKO-DT	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION Bowling Green, KY	
SIGN WBKO-DT	CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT?	5. BASIS OF CARRIAGE		. See instructions for
SIGN WBKO-DT WBKO-HD WDKY-DT	CHANNEL NUMBER 13	3. TYPE OF STATION N	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT	CHANNEL NUMBER 13 13.1	3. TYPE OF STATION N N-M	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY	
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Comet	CHANNEL NUMBER 13 13.1 31 31.1 31.2	3. TYPE OF STATION N N-M I	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Comet	CHANNEL NUMBER 13 13.1 31 31.1 31.2	3. TYPE OF STATION N-M I I-M	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge	CHANNEL NUMBER 13 13.1 31 31.1 31.2 31.3	3. TYPE OF STATION N-M I I-M I-M I-M	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT	CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53	3. TYPE OF N N-M I I-M I-M I-M E	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY	CHANNEL NUMBER 13 13.1 31. 31.1 31.2 31.3 53 53.1	3. TYPE OF STATION N-M I I-M I-M I-M E E-M	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO-HD	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2	3. TYPE OF STATION N-M I I-M I-M I-M E E-M E-M	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-HD WKSO-HD	CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53 53.1 53.2 53.2 53.3	3. TYPE OF STATION N-M I I-M I-M I-M E-M E-M E-M	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO-HD WKSO2 WKYT-DT	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36	3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-HD WKSO-HD WKSO2 WKYT-DT WKYT-HD	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36 36.1	3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N N-M	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-DT WKSO-HD WKSO-HD WKSO2 WKYT-HD WKYT-HD	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 53.3 36 36.1 36.2	3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-DT WKSO-HD WKSO2 WKSO-HD WKSO2 WKYT-HD WKYT-HD	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36 36.1	3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N N-M	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Comet WDKY-Charge WKSO-HD WKSO-KY WKSO-HD WKSO-HD WKSO2 WKYT-DT WKYT-DT WKYT-CW WKYT-CW HD	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 53.3 36 36.1 36.2	3. TYPE OF STATION N N-M I I-M E-M E-M E-M N N-M I-M	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Comet WKSO-DT WKSO-HD WKSO-HD WKSO-HD WKSO-HD WKSO-HD WKYT-Charge WKYT-DT WKYT-DT WKYT-CW HD WKYT-CWC	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36 36.1 36.2 36.3	3. TYPE OF STATION N N-M I I-M E-M E-M E-M E-M N N-M I-M I-M	4. DISTANT?	5. BASIS OF CARRIAGE	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Comet WDKY-Charge WKSO-DT WKSO-T WKSO-HD WKSO-HD WKSO-HD WKSO-HD WKSO-HD WKYT-DT WKYT-DT WKYT-CW WKYT-Circle WKYU-DT	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 53.2 53.3 36 36.1 36.2 36.3 36.5	3. TYPE OF STATION N I I-M I-M E-M E-M E-M E-M N N-M I-M I-M I-M	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Comet WDKY-Charge WKSO-DT WKSO-T WKSO-HD WKSO-HD WKSO-HD WKSO-HD WKSO-HD WKSO-HD WKYT-DT WKYT-DT WKYT-CW WKYT-CW WKYT-Circle WKYU-DT WLEX-DT	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36 36.1 36.2 36.3 36.5 18	3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N-M I-M I-M I-M I-M	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY Bowling Green, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Comet WDKY-Charge WKSO-DT WKSO-HD WKSO-KY WKSO-HD WKSO-HD WKSO2 WKYT-DT WKYT-DT WKYT-CW WKYT-CW WKYT-CW WKYT-CW WKYT-Circle WKYU-DT WLEX-DT WLEX-HD	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36 36.1 36.2 36.3 36.5 18 39	3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N N-M I-M I-M I-M I-M I-M N	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Comet WDKY-Charge WKSO-DT WKSO-T WKSO-HD WKYT-Circle WKYT-Circle WKYU-DT WLEX-DT WLEX-2HD	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36 36.1 36.2 36.3 36.5 18 39 39.1 39.2 39.3	3. TYPE OF STATION N N-M I I-M I-M E-M E-M E-M E-M N N-M I-M I-M I-M I-M I-M I-M I-M I-M	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Comet WDKY-Charge WKSO-DT WKSO-DT WKSO-HD WKYT-Circle WKYT-Circle WKYU-DT WLEX-2 WLEX-2HD WLEX-2 WLEX-2HD	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36 36.1 36.2 36.3 36.5 18 39 39.1 39.2 39.3 39.3 26	3. TYPE OF STATION N N-M I I-M I-M E-M E-M E-M N-M I-M I-M I-M I-M I-M I-M N N-M N N N N N N N N N N N N N	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY	additional informat
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Comet WDKY-Charge WKSO-DT WKSO-HD WKSO-KY WKSO-HD WKY-Charge WKSO-HD WKY-CH WKY-CH WLEX-DT WLEX-2HD WLKY-HD	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36 36.1 36.2 36.3 36.5 18 39 39.1 39.2 39.3 26 26.1	3. TYPE OF STATION N N-M I I-M I-M E-M E-M E-M E-M N N-M I-M I-M I-M I-M I-M I-M I-M I-M N N-M I-M	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY	additional informat
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SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Comet WDKY-Charge WKSO-DT WKSO-HD WKSO-HD WKSO-HD WKSO-HD WKYT-DT WKSO-HD WKYT-CW WLEX-2 WLEX	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36 36.1 36.2 36.3 36.5 18 39 39.1 39.2 39.3 26 26.1	3. TYPE OF STATION N N-M I I-M I-M E-M E-M E-M E-M N N-M I-M I-M I-M I-M I-M I-M I-M I-M N N-M I-M	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY	additional informat
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SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Comet	CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.2 53.3 36 36.1 36.2 36.3 36.2 36.3 36.5 18 39 39.1 39.2 39.3 26 26.1 40 40.1 40.5 40.3	3. TYPE OF STATION N N-M I-M I-M E-M E-M E-M E-M N N-M I-M I-M I-M I-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY	additional informat

					SYSTEM ID#	Name
Cumberland	Cellular LLC				027285	
PRIMARY TRANSMIT	TTERS: TELEVISIO	N				
					ns and low power television stations)	G
,,	, 0		01 / 1	()	ried only on a part-time basis under rtain network programs [sections	0
76.59(d)(2) and (4),	76.61(e)(2) and ((4), or 76.63	(referring to 76.	•	; and (2) certain stations carried on a	Primary
substitute program l Substitute Basi				as carried by you	r cable system on a substitute program	Transmitters: Television
basis under specifc			-	is carried by you	cable system of a substitute program	Television
	•		st it in space I (t	he Special State	ment and Program Log)—if the	
	ed only on a subs e, and also in spa		ation was carrie	ed both on a subs	stitute basis and also on some other	
basis. For further	r information cond				of the general instructions located	
in the paper SA3 Column 1: List e		sign. Do not	report origination	on program servio	ces such as HBO, ESPN, etc. Identify	
each multicast strea	am associated wit	h a station ad	cording to its o	ver-the-air desigr	nation. For example, report multi-	
cast stream as "WE WETA-simulcast).	TA-2". Simulcast	streams mus	t be reported in	column 1 (list ea	ich stream separately; for example	
,	the channel num	ber the FCC	has assigned to	the television st	ation for broadcasting over-the-air in	
•			nannel 4 in Was	hington, D.C. Thi	is may be different from the channel	
on which your cable Column 3: Indic			station is a netw	ork station, an in	dependent station, or a noncommercial	
educational station,	by entering the le	etter "N" (for r	network), "N-M"	(for network mult	ticast), "I" (for independent), "I-M"	
· ·					commercial educational multicast). the paper SA3 form.	
Column 4: If the	station is outside	the local ser	rvice area, (i.e. '	"distant"), enter "`	Yes". If not, enter "No". For an ex-	
					he paper SA3 form. 5, stating the basis on which your	
-			-		entering "LAC" if your cable system	
carried the distant s						
					Ity payment because it is the subject system or an association representing	
the cable system an	nd a primary trans	mitter or an a	association repr	esenting the prim	hary transmitter, enter the designa-	
,					other basis, enter "O." For a further ted in the paper SA3 form.	
			01 0.0. 01010110	, list the commun	ity to which the station is licensed by the	
FCC. For Mexican o		ons, if any, gi	ve the name of	the community w	ith which the station is identifed.	
FCC. For Mexican o		ons, if any, giv nnel line-ups	ve the name of t , use a separate	the community w e space G for eac	ith which the station is identifed.	
FCC. For Mexican o		ons, if any, giv nnel line-ups	ve the name of	the community w e space G for eac	ith which the station is identifed.	
FCC. For Mexican o	izing multiple cha	ons, if any, giv nnel line-ups	ve the name of t , use a separate	the community w e space G for eac	ith which the station is identifed.	
FCC. For Mexican c Note: If you are utili	2. B'CAST CHANNEL	ons, if any, giv nnel line-ups CHANN 3. TYPE OF	ve the name of t , use a separate EL LINE-UP	the community we space G for eac B Adair 5. BASIS OF CARRIAGE	ith which the station is identifed. h channel line-up.	
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FCC. For Mexican c Note: If you are utili 1. CALL SIGN WAVE-DT	2. B'CAST CHANNEL	ons, if any, giv nnel line-ups CHANN 3. TYPE OF	ve the name of , use a separate EL LINE-UP 4. DISTANT?	the community we space G for eac B Adair 5. BASIS OF CARRIAGE	ith which the station is identifed. h channel line-up.	
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FCC. For Mexican c Note: If you are utili 1. CALL SIGN WAVE-DT WAVE-HD	2. B'CAST CHANNEL NUMBER 47	ons, if any, gir nnel line-ups CHANN 3. TYPE OF STATION N	ve the name of , use a separate EL LINE-UP 4. DISTANT?	the community we space G for eac B Adair 5. BASIS OF CARRIAGE	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION Louisville, KY	
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FCC. For Mexican c Note: If you are utili 1. CALL SIGN WAVE-DT WAVE-HD WAVE-Circle WAVE-Grit	2. B'CAST CHANNEL NUMBER 47 47.1 47.2	ons, if any, gi nnel line-ups CHANN 3. TYPE OF STATION N N-M N-M	ve the name of , use a separate EL LINE-UP 4. DISTANT?	the community we space G for eac B Adair 5. BASIS OF CARRIAGE	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION Louisville, KY Louisville, KY	
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FCC. For Mexican c Note: If you are utili 1. CALL SIGN WAVE-DT WAVE-HD WAVE-Circle WAVE-Grit WBKO-DT WBKO-HD	2. B'CAST CHANNEL NUMBER 47 47.1 47.2 47.3 13	nns, if any, gi nnel line-ups CHANN 3. TYPE OF STATION N-M N-M N-M N-M N-M	ve the name of , use a separate EL LINE-UP 4. DISTANT?	the community we space G for eac B Adair 5. BASIS OF CARRIAGE	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION Louisville, KY Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY	
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	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
Cumberland C					027285	
PRIMARY TRANSMITT						
	, ,		· · ·		s and low power television stations) ed only on a part-time basis under	G
		-	- · ·		tain network programs [sections	U
			•	61(e)(2) and (4))];	and (2) certain stations carried on	Primary
substitute program ba Substitute Basis				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F	CC rules, regula	ations, or auth	norizations			
 Do not list the statio station was carried 			t it in space I (th	ne Special Staten	nent and Program Log)—if the	
 List the station here basis. For further i 	, and also in spa nformation cond	ace I, if the sta			itute basis and also on some othe of the general instructions located	
in the paper SA3 f Column 1: List ea		sian. Do not	report originatio	n program servic	es such as HBO, ESPN, etc. Identify	
each multicast stream	n associated wit	h a station ac	cording to its ov	ver-the-air design	ation. For example, report multi	
cast stream as "WET. WETA-simulcast).	A-2". Simulcast	streams must	t be reported in	column 1 (list eac	ch stream separately; for example	
,	ne channel num	ber the FCC I	nas assigned to	the television sta	tion for broadcasting over-the-air ir	
			annel 4 in Wasł	nington, D.C. This	s may be different from the channel	
on which your cable s Column 3: Indicat			tation is a netwo	ork station, an inc	lependent station, or a noncommercia	
educational station, b	y entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M	
(for independent mult For the meaning of th	<i>//</i>		<i>,</i> ,	· ·	commercial educational multicast)	
Column 4: If the s	tation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex	
planation of local serv					e paper SA3 form stating the basis on which you	
-			-		stating the basis on which you ntering "LAC" if your cable systen	
carried the distant sta	ation on a part-ti	me basis bec	ause of lack of a	activated channel	capacity	
					ty payment because it is the subjec	
-					/stem or an association representin(ary transmitter, enter the designa	
tion "E" (exempt). For				• •	other basis, enter "O." For a furthe	
				instructions locat	ed in the paper SA3 form	
Column 6: Give th	ne location of ea	ch station. Fo	or U.S. stations,	instructions locat list the communi	ed in the paper SA3 form ty to which the station is licensed by the	
Column 6: Give the FCC. For Mexican or	ne location of ea Canadian static	ich station. Fo	or U.S. stations, ve the name of t	instructions locat list the communi he community wit	ed in the paper SA3 form ty to which the station is licensed by th∉ th which the station is identifed	
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Column 6: Give th FCC. For Mexican or Note: If you are utilizi	ne location of ea Canadian static ing multiple cha 2. B'CAST CHANNEL NUMBER 13 13.1 11.1 53 53.1 53.3 53.2 36 36.1 18 39 39.1 26 26.1 26.2 51.1	ich station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M E E-M E-M E-M E-M N N-M E N N-M N-M I-M I-M	r U.S. stations, re the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	instructions locat list the communit he community wi space G for eacl C Cumberlar 5. BASIS OF CARRIAGE (If Distant) 0 E 0 E 0 0 E 0 0 E 0 0 0 0 E 0 0 0 0	ed in the paper SA3 form ty to which the station is licensed by the th which the station is identifed th channel line-up.	
Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN WBKO-DT WBKO-DT WBKO-HD WHAS-DT WHAS-HD WKSO-C WKSO-KY WKSO-KY WKSO-KY WKSO-KY WKSO-KY WKSO-HD WKYT-DT WKYT-DT WKYT-DT WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD	ne location of ea Canadian static ing multiple cha 2. B'CAST CHANNEL NUMBER 13 13.1 11.1 53.5 53.1 53.3 53.2 36 36.1 18 39 39.1 26 26.1 26.2 51.1 51.3 51 15	ich station. Fc ins, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M E E-M E-M E-M E-M E-M E-M N N-M E N N-M I-M I-M I-M I-M I I I	r U.S. stations, re the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	instructions locat list the communit he community wi space G for eacl C Cumberlan 5. BASIS OF CARRIAGE (If Distant) 0 E 0 E 0 E 0 0 E 0 E 0 0 E 0 0 E	ed in the paper SA3 form ty to which the station is licensed by the th which the station is identifed th channel line-up.	
Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN WBKO-HD WHAS-DT WHAS-HD WHAS-HD WKSO-DT WKSO-CAT WKSO-HD WKSO-HD WKSO-HD WKSO-HD WKSO-HD WKYT-DT WKYT-DT WKYT-DT WLEX-DT WLEX-DT WLEX-HD WLKY-DT WLKY-32 WMYO-MyNet WMYO-CW HD WMYO-CW	ne location of ea Canadian static ing multiple cha 2. B'CAST CHANNEL NUMBER 13 13.1 11.1 53 53.1 53.3 53.2 36 36.1 18 39 39.1 26 26.1 26.2 51.1 51.3 51 15 15 15.1	ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M E E-M E-M E-M E-M E-M N N-M E N N-M I-M I-M I-M I-M I I I I I	r U.S. stations, re the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	instructions locat list the communit he community wi space G for eacl C Cumberlan 5. BASIS OF CARRIAGE (If Distant) 0 E 0 E 0 E 0 0 E 0 E 0 0 E 0 0 E	ed in the paper SA3 form ty to which the station is licensed by the th which the station is identifed th channel line-up.	
Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN WBKO-DT WBKO-DT WBKO-HD WHAS-DT WHAS-HD WKSO-C WKSO-KY WKSO-KY WKSO-KY WKSO-KY WKSO-KY WKSO-HD WKYT-DT WKYT-DT WKYT-DT WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD WLEX-HD	ne location of ea Canadian static ing multiple cha 2. B'CAST CHANNEL NUMBER 13 13.1 11.1 53.5 53.1 53.3 53.2 36 36.1 18 39 39.1 26 26.1 26.2 51.1 51.3 51 15	ich station. Fc ins, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M E E-M E-M E-M E-M E-M E-M N N-M E N N-M I-M I-M I-M I-M I I I	r U.S. stations, re the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	instructions locat list the communit he community wi space G for eacl C Cumberlan 5. BASIS OF CARRIAGE (If Distant) 0 E 0 E 0 E 0 0 E 0 E 0 0 E 0 0 E	ed in the paper SA3 form ty to which the station is licensed by the th which the station is identifed th channel line-up.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II Cumberland Cellular LLC 02723									
H Primary Transmitters: Radio	all-band basis of Special Instrue receivable if (1) on the basis of For detailed infi located in the p Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	t every radio s whose signals ctions Conce) it is carried by monitoring, to ormation about paper SA3 form dentify the call State whether f f the radio stat this by placing Give the station	station ca were "ge rning Al y the sys be receint the sys be receint the sys be receint the sys sign of the static ion's sig g a check n's locati	arried on a separate and discr enerally receivable" by your ca I-Band FM Carriage: Under (tem whenever it is received a ived at the headend, with the Copyright Office regulations each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	able system durin Copyright Office it t the system's FM system's FM ante on this point, see sed by the cable s he station is licen	ng the account regulations, and adend, and (2 enna, during c page (vi) of t system as a s sed by the FC	ting peri n FM sig 2) it can ertain si he gene eparate	od. nal is generally be expected, tated intervals. ral instructions and discrete		
				,		,				
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
							·			
							·			
		·								
		L		·		I		I		

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 202							
LEGAL NAME OF OWNER OF Cumberland Cellular I		TEM:				6YSTEM ID# 027285	Name
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting p	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations	. For a further	Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage:
 During the accounting pe broadcast by a distant start 		ur cable syste	m carry, on a substitute ba	sis, any noni	network television prog		Special Statement and Program Log
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must complete the pro	gram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute progr ace, please of every n a distant sta egulations, ation. Do n Lucy" or "N m was broa sign of the adcast stat nadian stati nth and day ive "5/7." hes when th . Example: and regulat rogramming	am on a separ attach additio onnetwork tele tition and that y or authorizatio ot use general BA Basketball adcast live, ent station broadd ion's location (ions, if any, the y when your sy he substitute pr a program car e listed program cions in effect of	nal pages. evision program (substitute rour cable system substitu ns. See page (vi) of the ge categories like "movies", : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the extem carried the substitute rogram was carried by you ried by a system from 6:0° m was substituted for prog during the accounting period	program) that ted for the pro- eneral instruct or "basketbal "No." ram. e station is li e station is li e program. U r cable syste 1:15 p.m. to 6 ramming that od; enter the	at, during the accountir ogramming of another tions located in the pap II". List specific prograd censed by the FCC or, lentified). Ise numerals, with the p im. List the times accur 5:28:30 p.m. should be t your system was required letter "P" if the listed pr	ng station per m in nonth ately iired o	
s		E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
					_		
					_		
	+						
	+						
	+						
	+						
					_		
					_		

Name	LEGAL NAME OF C								SYSTEM ID# 027285
J Part-Time Carriage Log	Cumberland Cellular LLC 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- 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 column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- 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 "4/10." • 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."								of the
			DA	TES AND HOURS	OF I	PART-TIME CAR	RIAGE		
	CALL SIGN	WHEN	I CARRIAGE O H	CCURRED OURS	+	CALL SIGN	WHEN	I CARRIAGE OCO HOL	CURRED JRS
		DATE	FROM	то			DATE	FROM	то
					-				-
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FORM	SA3E. PAGE 7.							
	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name				
Cu	nberland Cellular LLC		027285	Humo				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.								
 Instru Con Con If you fee If you according to the second secon	RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the a rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable p ompanying this form and attach the schedule to your statement of account.	arts of the DSE	E Schedule	L Copyright Royalty Fee				
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on li	ne 1 of					
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line	e 2 in block					
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered	l on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe 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	\$	821,220.44					
	Enter the result here.							
	This is your minimum fee.	\$	8,737.79					
2 Block	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identified any stations as "distant" by stating "Yes" in colur "Yes" in this block. Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. No—Leave block 3 below blank and of 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 	nn 4, you must iod?	t check					
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE		0.00					
	schedule. If none, enter zero							
	Line 3. Add lines 1 and 2 and enter							
	here	\$	3,065.26					
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	\$	8,737.79	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		0.00	submitting additional				
	Zero.			deposits under				
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	9,462.79	form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) o	f the					

U.S. Copyright Office

ACCOUNTING PERIO						FORM SA3E					
Name	LEGAL NAME OF OWNER		STEM:				STEM ID#				
	Cumberland Cellu	Ilar LLC					027285				
M Channels		must give (1) the number of channels on which the cable system carried television broadcast stations nd (2) the cable system's total number of activated channels, during the accounting period.									
Unannela			annels on which the cable adcast stations			36]				
		system o	tivated channels arried television broadcast station			172]				
N Individual to Be Contacted	INDIVIDUAL TO BE we can contact abo		CTED IF FURTHER INFORMATIC ement of account.)	ON IS NEEDED: (Ider	ntify an individual						
for Further Information	Name Daryl H	łammo	nd		Telephone	270-343-1111					
	Address P.O. B	DX 80 treet, rural r	oute, apartment, or suite number)								
	James (City, town		Y 42629								
	Email				Fax (optional)						
0	CERTIFICATION (Th	is stateme	nt of account must be certifed and	l signed in accordand	ce with Copyright Office regu	lations.)					
Certifcation	• I, the undersigned, I	nereby cer	ify that (Check one, <i>but only one</i> , o	the boxes.)							
	(Owner other tha	n corpora	tion or partnership) I am the owne	r of the cable system	as identifed in line 1 of space I	B; or					
			corporation or partnership) I am that the owner is not a corporation of		gent of the owner of the cable :	system as identified					
	(Officer or partn in line 1 of spa		officer (if a corporation) or a partne	r (if a partnership) of t	the legal entity identifed as own	ner of the cable system					
		nd correct	: of account and hereby declare und to the best of my knowledge, inform			d herein					
		Х	/s/ Daryl Hammond								
		(e.g., /s/	electronic signature on the line abov John Smith). Before entering the firs ien type /s/ and your name. Pressin	t forward slash of the /s	s/ signature, place your cursor i						
		Typed	or printed name: Daryl Hamn	nond							
		Title:	Secretary/Treasurer	on or partnership)							
		Date:	February 14, 2022								
form in order to proo numbers. By provid	cess your statement of a ing PII, you are agreeing	ccount. PII to the rou	d States Code authorizes the Copyrig is any personal information that can i ine use of it to establish and maintain providing the PII requested is that it	be used to identify or tr a public record, which	ace an individual, such as name includes appearing in the Offce	e, address and telepho e's public indexes anc					

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 lav

FORM SA3E. PAGES	FORM	SA3E.	PAGE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Cumberland Cellular LLC	027285	Name
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gro service of providing secondary transmissions of primary br scribers and amounts collected from subscribers receiving	111(d)(1)(A), of the Copyright Act by adding the fol- oss amounts paid to the cable system for the basic oadcast transmitters, the system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the paper SA3 form. During the accounting period did the cable system exclude any ar made by satellite carriers to satellite dish owners? X NO		Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	<u>\$</u>	
Name Mailing Address	Name Mailing Address	
You must complete this worksheet for those royalty payments sub For an explanation of interest assessment, see page (viii) of the g		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	
Line 3 Multiply line 2 by the number of days late and enter the su	ım here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, bloc space L, (page 7)		
* To view the interest rate chart click on <i>www.copyright.gov/lic</i> contact the Licensing Division at (202) 707-8150 or licensing		
** 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 acc please list below the owner, address, first community served, acc filing.		
Owner Address		
First community served Accounting period ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the C	copyright Offce to collect the personally identifying information (PII) requested on the	1

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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

	E 11. (CONTINUED)	OVOTEM			61						
1	LEGAL NAME OF OWNER OF CABLE				3						
	Cumberland Cellular LL					02728					
	SUM OF DSEs OF CATEGOR		6:								
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.										
0	Instructions:										
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
Computation	of space G (page 3).	for each indener	ident station give the DSE	as "1 0"· for ea	ch network or noncom-						
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25."										
Category "O"			CATEGORY "O" STATION	S: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WMYO-MyNet	1.000									
	WHAS-DT	0.250									
	WKYT-DT	0.250									
	WLKY-DT	0.250									
	WMYO-CW	1.000									
dd rows as	WKYU-DT	0.250									
ecessary.	WLKY-32	1.000									
emember to copy		1.000									
l formula into new											
WS.											

Name		OWNER OF CABLE SYSTEM:						ULE. PAGE 12. SYSTEM ID# 027285		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all dista 2: For each station, give t correspond with the infor 3: For each station, give t 4: Divide the figure in colu t at least to the third decin 5: For each independent 5: Value as ".25." 5: Multiply the figure in co point. This is the station's	he number of hours mation given in spa he total number of h umn 2 by the figure i mal point. This is the station, give the "typ station, give the figure s DSE. (For more in	your cable system ce J. Calculate or nours that the stat n column 3, and g e "basis of carriag re-value" as "1.0." e in column 5, and formation on roun	m carried the star hly one DSE for e ion broadcast ov give the result in le value" for the s For each netwood I give the result in Iding, see page (ion during the accounting each station. er the air during the acco decimals in column 4. Th station. rk or noncommercial edur n column 6. Round to no viii) of the general instruc	unting period. is figure must cational station, less than the			
capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS C ED BY S M C	UMBER OF HOURS TATION ON AIR	4. BASIS OF CARRIAG VALUE		E 6. D\$	SE		
			÷		=	×	=			
			÷		=					
			÷ ÷		=	x x				
			÷		=	×	=			
			÷		=	×	=			
			÷		=	x	=			
			÷		=	x	=			
	Add the DSEs	S OF CATEGORY LAC S of each station. um here and in line 2 of p		e,		0.00				
4 Computation of DSEs for Substitute- Basis Stations	 Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4: 	ect on October 19, 1976 (one or more live, nonnetw For each station give the This figure should corre- Enter the number of days Divide the figure in colum	titution for a program (as shown by the let ork programs during number of live, nor spond with the infor s in the calendar yea nn 2 by the figure in	n that your system ter "P" in column that optional carri network program mation in space I. ar: 365, except in column 3, and giv	was permitted t 7 of space I); and iage (as shown by s carried in subs a leap year. ve the result in co	o delete under FCC rules	2 of were deleted s than the third	m).		
		SU	IBSTITUTE-BAS	SIS STATION	S: COMPUTA	TION OF DSEs				
	1. CALL	2. NUMBER	3. NUMBER	4. DSE	1. CALL	2. NUMBER	3. NUMBER	4. DSE		
	SIGN	OF			SIGN	OF				
·		PROGRAMS	IN YEAR	=		PROGRAMS	IN YEAR	=		
			•	_				_		
		4	•	=		+		=		
				=				=		
			-	=				=		
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p		e,		0.00]			
5		ER OF DSEs: Give the am s applicable to your syster		s in parts 2, 3, and	4 of this schedule	e and add them to provide	the total			
Total Number	1. Number o	of DSEs from part 2 ●				<u> </u>	4.00			
of DSEs	2. Number o	of DSEs from part 3 ●				•	0.00			
	3. Number o	of DSEs from part 4 ●				▶ <u></u>	0.00			

DSE SCHEDULE. F	PAGE 13. ACCOUNTIN	IG PERIOD: 2021/2
	DWNER OF CABLE SYSTEM: SYSTEM ID#	Nama
Cumberland C	Cellular LLC 027285	Nume
In block A:	ick A must be completed.	C
schedule.	"Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the "No," complete blocks B and C below.	6
	BLOCK A: TELEVISION MARKETS	Computation of
effect on June 24	m located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in , 1981? nplete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. plete blocks B and C below.	3.75 Fee
	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 Noncommerical 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.	

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.)

2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
D	1.00	WMYO-My	М	1.00			
D	0.25						
D	0.25						
С	0.25						
D	0.25						
М	1.00						
	BASIS	BASIS D 1.00 D 0.25 D 0.25 C 0.25 D 0.25 O 0.25	BASIS SIGN D 1.00 WMYO-My D 0.25 D 0.25 C 0.25 D 0.25 C 0.25 D 0.25	BASIS SIGN BASIS D 1.00 WMYO-My M D 0.25 D 0.25 C 0.25 D 0.25 D 0.25	BASIS SIGN BASIS D 1.00 WMYO-My M 1.00 D 0.25 D 0.25 D 0.25	BASIS SIGN BASIS SIGN D 1.00 WMYO-My M 1.00 D 0.25 M M 1.00 D 0.25 M M M D 0.25 M M M	BASIS SIGN BASIS SIGN BASIS D 1.00 WMYO-My M 1.00 BASIS D 0.25 D 0.25 D 0.25 <

	4.00	
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)		
Line 4: Enter gross receipts from space K (page 7)	x 0.0375	Do any of the DSEs represent
Line 5: Multiply line 4 by 0.0375 and enter sum here	<u> </u>	partially permited/ partially
Line 6: Enter total number of DSEs from line 3	х	nonpermitted carriage? If yes, see part
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)	0.00	9 instructions.

DSE SCHEDULE. PAGE 1

	1					DSE SCHEDULE. PAGE 14.					
Name	LEGAL NAME OF OWN		EM:			SYSTEM ID#					
	Cumberland Ce					027285					
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed 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 identifed 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 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)(3)). 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 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 verifcation from the designatec statement of account on fle in the Licensing Division. 										
		PERMITTED DS	SE FOR STATIONS CARRI	ED ON A PART-TIME AN	AND SUBSTITUTE BASIS						
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED					
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE					
7	Instructions: Block A	A must be completed	1.								
Computation	In block A:	"Ves." complete blo	cks B and C below								
Computation of the	-		cks B and C, below. 3 and C blank and complete	part 8 of the DSE sched	ule						
Syndicated	If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.										
Exclusivity	BLOCK A: MAJOR TELEVISION MARKET										
Surcharge	• Is 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 .		No—Proceed to part 8							
	BLOCK B: Ca	arriage of VHF/Grad	e B Contour Stations	BLOCK C: Computation of Exempt DSEs							
	Is any station listed in	block B of part 6 th	e primary stream of a	Was any station listed in block B of part 7 carried in any commu-							
		•	de B contour, in whole	-	ble system prior to March	•					
	or in part, over the ca	ble system?		to former FCC rule 76.159)							
	Yes—List each s	tation below with its ap	propriate permitted DSE	Yes—List each st	tation below with its appropr	iate permitted DSE					
	X No—Enter zero a	and proceed to part 8.		X No—Enter zero a	ind proceed to part 8.						
						<u></u>					
	CALL SIGN	DSE C	CALL SIGN DSE	CALL SIGN	DSE CALL SI	GN DSE					
		•••••••••••••••••••••••••••••••••••••••									
		т	DTAL DSEs 0.00		TOTAL D	SEs 0.00					
			•	- II		- · · · · · · · · · · · · · · · · · · ·					

DSE SCHEDULE.	PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Cumberland Cellular LLC 027285	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7) 821,220.44	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	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	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. 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	-
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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 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	

7 Sector dp Computation of the Syndicated Exclusivity A Enter 0.00380 of gross receipts (the amount in section 1)	ACCOUNTING PERIOD	2021/2	DSE SCHEDULE. P.	AGE 16.								
Section of the Syndicated Exclusivity Section (b) If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. Computation of the Syndicated Exclusivity A. Enter 0.00300 of gross receipts (the amount in section 1)		LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS										
4b If the figure in section 2, line C is more than 4.000, compute your sucharge here and leave section 4 blank. Computation of the Syndicated Exclusivity Surcharge A. Enter 0.00300 of gross receipts (the amount in section 1)	Name		Cumberland Cellular LLC 02	27285								
Computation of the Syndicated Exclusivity A. Enter 0.00300 of gross receipts (the amount in section 1)	7											
Synchicated Exclusivity B. Enter 0.00180 of gross receipts (the amount in section 1)	Computation											
Surcharge C. Multiply line B by 3.000 and enter here. > \$ D. Enter 0.00080 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. > \$ Syndicated Exclusivity Surcharge. > \$ State Free > \$ <th>Syndicated</th> <th colspan="8" rowspan="2">B. Enter 0.00189 of gross receipts (the amount in section 1)</th>	Syndicated	B. Enter 0.00189 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. F. Multiply line D by line E and enter here. Syndicated Exclusivity Surcharge. Syndicated Exclusivity Surcharge. Syndicated Exclusivity Surcharge. Syndicated Exclusivity Surcharge. 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 outlinh 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. ELOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? I yes—Complete part 9 of this schedule. ELOCK B: NO PARTIALLY DISTANT STATIONS — COMPUTATION OF BASE RATE FEE Section Section Inter the amount of gross receipts from space K (page 7)	-											
Section 2) and enter here. F. Multiply line D by line E and enter here. F. Multiply line D by line E and enter here. Solution Ine 2, block A space L (page 7) Syndicated Exclusivity Surcharge. Syndicated Exclusivity Surcharge. Syndicated Exclusivity Surcharge. Solution Ine 2, block A space L (page 7) Syndicated Exclusivity Surcharge. Solution Ine 2, block A space L (page 7) Syndicated Exclusivity Surcharge. 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 "vis." use the total number of DSEs from part 5. In block A, indicate, by checking "Vis" or "No whether your system carried any partially distant stations. If your answer is "No" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. Wat is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located outlish that as a partially distant station? A station is "partially distant is attaines. For the definition of a stations" local service area," see page (v) of the general instructions. ELOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? I yes—Complete part 9 of this schedule. BLOCK B: NO PARTIALLY DISTANT STATIONS — COMPUTATION OF BASE RATE FEE Section I Enter the amount of gross receipts from space K (page 7). Section If the the amount of gross receipts from space K (page 7). Section If the total number of DEEs from block B, part 6 of this schedule. (f) block A of part 8 was checked "ves," use the total number of DEEs from space K (page 7). Section Section If the total number of DEEs from space K (page 7). S												
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												
B Enter here and on line 2, block 4, space L (bage 7) Syndicated Exclusivity Surcharge			F. Multiply line D by line E and enter here									
B 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? If Yes—Complete part 9 of this schedule. No—Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE Section 1 Enter the total number of permitted DSEs from block B, part 6 of this schedule. 2 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 A tenter 0.			Enter here and on line 2, block 4, space L (page 7)									
8 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. 1 in block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. 1 is your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. 1 if your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. 1 if your answer is "No," compute your system carried any partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant the time your system carried it, some of your subscribers were located within that 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? Image: the total number of permitted DSEs from block B, part 6 of this schedule. 1 Enter the amount of gross receipts from space K (page 7). 2 (if block A of part 6 was checked "Yes," use the total number of DSEs from part 6.). Section 1 2 (if block A of part 6 was checked "Yes," use the total number of DSEs from part 6.). 3 If the figure in section 2 is 4.000 or less, compute your base rate fe			Syndicated Exclusivity Surcharge	<u></u>								
or was checked "Yes, use the total number of DSEs from parts. • 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 "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," 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? Image: the total number of promitted DSEs from block B, part 6 of this schedule. 1 Enter the amount of gross receipts from space K (page 7). 2 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 B. Enter 0.00701 of gross receipts	Q											
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 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? Image: The second s	U											
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? Image: The system retransmit the signals of any partially distant television stations during the accounting period? Image: The system retransmit the signals of any partially distant television stations during the accounting period? Image: The system retransmit the signals of any partially distant television stations during the accounting period? Image: The system retransmit the signals of any partially distant television stations during the accounting period? Image: The system retransmit the signals of any partially distant television stations during the accounting period? Image: The system retransmit the signals of any partially distant television stations during the accounting period? Image: The system retransmit the signals of any partially distant television stations during the accounting period? Image: The system retransmit the signals of any partially distant television stations during the accounting period? Image: The system retransmit the signals of any partially distant television stations during the accounting period? Image: The system retransmit the signals of any partially dist	-	,										
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? Image: Telescond system retransmit the signals of any partially distant television stations during the accounting period? Image: Telescond system retransmit the signals of any partially distant television stations during the accounting period? Image: Telescond system retransmit the signals of any partially distant television stations during the accounting period? Image: Telescond system retransmit the signals of any partially distant television stations during the accounting period? Image: Telescond system retransmit the signals of any partially distant television stations during the accounting period? Image: Telescond system retransmit the signals of any partially distant television stations during the accounting period? Image: Telescond system retransmit the signals of any partially distant television stations during the accounting period? Image: Telescond system retransmit the signals of any partially distant television stations during the accounting period? Image: Telescond system retransmit the signals of any partially distant television stations Section 1 Inter the total number of permitted DSEs from block B, part 6 of this schedule.	Base Rate Fee											
BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Telescols and the signal of this schedule. Image: 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		were lo	were located within that station's local service area and others were located outside that area. For the definition of a station's "local									
 Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE Section 1 Enter the amount of gross receipts from space K (page 7). Section 2 If the total number of permitted 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 		service area, see page (v) of the general instructions.										
X Yes—Complete part 9 of this schedule. No—Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE Section 1 Enter the amount of gross receipts from space K (page 7). > \$ Section 2 Enter the total number of permitted DSEs from block B, part 6 of this schedule. (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 \$		• Did v										
Section 1 Enter the amount of gross receipts from space K (page 7)												
1 Enter the amount of gross receipts from space K (page 7)			BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
2 (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)												
use the total number of DSEs from part 5.)		Section Enter the total number of permitted DSEs from block B, part 6 of this schedule.										
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		(
 A. Enter 0.01064 of gross receipts (the amount in section 1)												
(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			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								

DSE SCHEDULE. PAGE 17.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Cumberland Cellular LLC	027285	Name
Section If the figure in section 2 is more than 4.00	0 , compute your base rate fee here and leave section 3 blank.	
A. Enter 0.01064 of gross receipts		8
(the amount in section 1)	►\$	
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1)	► <u>\$</u>	of
C. Multiply line B by 3.000 and enter	rhere ►\$	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	r here► \$	
G. Add lines A, C, and F. This is you		
Enter here and in block 3, line 1, Base Rate Fee	space L (page 7) \$ 0.00	
	ort television signals on a system-wide basis. Carriage of television broadcast signals community basis (subscriber groups) if the cable system reported multiple channel line-	
ups in Space G.		9
	vere partially distant, the statute allows you, in computing your base rate fee, to exclude ation's local service area, from your system's total gross receipts. To take advantage of	Computation
this exclusion, you must:		of Base Rate Fee
	riber groups, each group consisting entirely of subscribers that are distant to the same	and Syndicated
	eat each subscriber group as if it were a separate cable system. Determine the number or receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
Finally: Add up the separate base rate fees for	or each subscriber group. That total is the base rate fee for your system.	Surcharge for
	ocated within the top 100 television market and the station is not exempt in part 7, you surcharge for each subscriber group. In this case, complete both block A and B below.	Partially Distant
	d outside all major television markets, complete block A only.	Stations, and for Partially
How to Identify a Subscriber Group for Par	-	Permitted
carried to that community.	e the local service area of each wholly distant and each partially distant station you	Stations
	ially distant station you carried, determine which of your subscribers were located scriber located outside the local service area of a station is distant to that station (and, by lbscriber.)	
subscriber group must consist entirely of subs	er groups according to the complement of stations to which they are distant. Each cribers who are distant to exactly the same complement of stations. Note that a cable hen the distant stations it carried have local service areas that coincide.	
subscriber groups.	criber group: Block A contains separate sections, one for each of your system's	
In each section: • Identify the communities/areas represented I	by each subscriber group.	
	he subscriber group's complement—that is, each station that is distant to all of the	
• If:		
 your system is located wholly outside all ma and 4 of this schedule; or, 	ajor and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
 any portion of your system is located in a m part 6 of this schedule. 	ajor or smaller televison market, give each station's DSE as you gave it in block B,	
• Add the DSEs for each station. This gives yo	ou the total DSEs for the particular subscriber group.	
 Calculate gross receipts for the subscriber g in the paper SA3 form. 	roup. For further explanation of gross receipts see page (vii) of the general instructions	
page. In making this computation, use the DS	r group using the formula outline in block B of part 8 of this schedule on the preceding SE and gross receipts figure applicable to the particular subscriber group (that is, the total and total gross receipts from the subscribers in that group). You do not need to show	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	Cumberland Cellular LLC	027285
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	9
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE Cumberland Cellu		E SYSTEM:				S	027285	Name
B				TE FEES FOR EAC				
		SUBSCRIBER GROU				SUBSCRIBER GRO		9
COMMUNITY/ AREA	Jameste	own, Russell Spr	ings	COMMUNITY/ ARE/	A Columb	bia, Adair County		Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WKYU-DT	0.25							Base Rate
WLKY-DT	0.25							and
								Syndicate
								Exclusivi
								Surcharg for
								Partially
	-							Distant
								Stations
	.							
Total DSEs			0.50	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 509	,854.64	Gross Receipts Seco	ond Group	\$ 3	00,224.95	
Base Rate Fee First G	roup	\$ 2	,712.43	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA Cumberland County			COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WHAS-DT	1.00 0.25							
WKYT-DT	0.25							
WLKY-DT	0.25							
WKYU-DT	0.25							
WMYO-CW	1.00							
WLKY-32	1.00							
	+							
						I		
			4.00				0.00	
Total DSEs			4.00				0.00	
Gross Receipts Third G	Group	<u>\$ 11</u>	,140.85	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 352.83			Base Rate Fee Fourth Group \$ 0.00		0.00			
Base Rate Fee: Add th	e base rate						3,065.26	

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNE		E SYSTEM:	•			SY	STEM ID# 027285	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST SUBSCRIBER GROUP				SECOND	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	Jamestown, Russell Springs		COMMUNITY/ AREA	Columb	ia, Adair County		9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-				-		Syndicated
								Exclusivity
						-		Surcharge
						-		for Dertielly
								Partially Distant
						-		Stations
		-				-		Stations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$ 509,	854.64	Gross Receipts Second Group \$ 300,224.95				
Base Rate Fee First Group \$ 0.00			Base Rate Fee Secon		\$	0.00		
		SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA Cumberland County			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 \$ 11,140.85		140.85	Gross Receipts Fourth Group \$ 0.00			0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$	0.00	
	(J, III e I, S	pace L (paye 1)				Ψ	0.00	

		FORM SA3E. PAGE 20.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Cumberland Cellular LLC	027285					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television m by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation							
of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 First 50 major television market Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 						
		1					
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
	and enter here. This is the	and enter here. This is the					
	total number of DSEs for	total number of DSEs for					
	this subscriber group	this subscriber group					
	subject to the surcharge	subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY						
	SURCHARGE	SURCHARGE					
	First Group	Second Group					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the					
	total number of DSEs for	total number of DSEs for					
	this subscriber group	this subscriber group					
	subject to the surcharge	subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY					
	SURCHARGE	SURCHARGE					
	Third Group	Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge fo	ar each subscriber group as shown					
	in the boxes above. Enter here and in block 4, line 2 of space L (pag						