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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2021-02 Accounting Period Instructions: Β Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. Owner List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 61026 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northwest Iowa Telephone Co 61026202102 61026 2021-02 **PO Box 38** Sergeant Bluff, IA 51054 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities Area Served CITY OR TOWN STATE First Salix IA Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. SUB GRP# CITY OR TOWN (SAMPLE) STATE CH LINE UP Alda MD Α 1 Sample Alliance MD в 2 Gering MD в 3 Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

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
2/24/22	\$
	ALLOCATION NUMBER

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co			SYSTEM ID# 61026	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorp areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identifcation hereafter known as the "first community." Please use it as the first community.	orated communit	es within unincorpo you list will serve a	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon below the identified city or town.	ne parks should b	e reported in parer	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. İ	f you report any sta	ations	
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b	l a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Salix	IA	AA	1	First
Sloan	IA	AA	1	Community
Anthon	IA	AA	1	
Correctionville	IA	AA	1	
Danbury	IA	AA	1	
Vhiting	IA	AA	1	See instructions for
łolstein	IA	AA	1	additional informatio
da Grove	IA	AA	1	on alphabetization.
oldier	IA	AA	1	
lte	IA	AA	1	
J apleton	IA	AA	1	
Dnawa	IA	AA	1	Add rows as necessar
Blencoe	IA	AA	1	
N oorhead	IA	AA	1	
Sergeant Bluff	IA	AA	1	
lefferson	SD	AB	2	
Dakota Dunes	SD	AB	2	
North Sioux City	SD	AB	2	
Storm Lake	IA	AB	2	
South Sioux City	NE	AB	2	
Missouri Valley	IA	AC	3	
Logan	IA	AC	3	
Noodbine	IA	AC	4	
Magnolia	IA	AC	4	
Drange City	IA	AD	5	
				1

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						5	YSTEM ID			
Name	Northwest Iowa Teleph	one Co							6102			
Е	SECONDARY TRANSMISSION			-	-							
E	In General: The information in s			-		-						
Secondary	system, that is, the retransmissi about other services (including											
Transmission	last day of the accounting period						UIOSE EXIS	sung on the				
Service: Sub-	Number of Subscribers: Bot						able syster	m, broken				
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the											
	unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate											
	category, but do not include discounts allowed for advance payment.											
	Block 1: In the left-hand block	•		-		-						
	systems most commonly provid											
	that applies to your system. Not categories, that person or entity			-		-						
	subscriber who pays extra for ca											
		first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those										
	printed in block 1 (for example,						<i>,</i> ·					
	with the number of subscribers a sufficient.	and rates, in tr	ie right-	nand block. A	two- or thr	ee-wora aescrip	tion of the	service is				
		OCK 1					BLOC	K 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RATE			
	Residential:	SUBSCRID	EKS	RATE	CAT	EGORT OF SEI	NICE	SUBSCRIDERS	RATE			
	Service to first set								\$ 24.9			
	Service to additional set(s)	lus		4,362 4,573								
	• FM radio (if separate rate)	1,096 \$ 15.00						525	\$ 54.2			
	Motel, hotel			180-3000								
	Commercial		181									
	Converter											
	Residential	Boxes 1716	5	\$ 6.95								
	Non-residential	DVR 1432		\$ 16.95								
	SERVICES OTHER THAN SEC											
				SSIONS RAT	ES							
_	In General: Space F calls for ra		ber) inf			all your cable sy	stem's sei	rvices that were				
F		ite (not subscri	'	ormation with	respect to	, ,						
-	In General: Space F calls for ranot covered in space E, that is, service for a single fee. There a	ite (not subscri those services re two exception	that aro	ormation with e not offered i u do not need	respect to n combinat to give rate	ion with any sec e information co	ondary tra	insmission 1) services				
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LEGAL NAME OF OW					SYSTEM ID#	Namo
Northwest low	a Telephone	e Co			61026	5
RIMARY TRANSMIT	TERS: TELEVISI	ON				
carried by your cable FCC rules and regula	system during t	the accountin n June 24, 19	g period except 981, permitting t	(1) stations carrie	as and low power television stations) ed only on a part-time basis under rtain network programs [section: and (2) certain stations carried on a	G Primary
substitute program ba			•	(c)(2) and (4))],		Transmitters:
				is carried by your	cable system on a substitute program	Television
	n here in space	G-but do lis		he Special Staten	nent and Program Log)—if the	
station was carried List the station here			ation was carrie	ed both on a subs	titute basis and also on some othe	
		cerning subst	tute basis statio	ons, see page (v)	of the general instructions located	
in the paper SA3 f Column 1: List ea		sian. Do not	report originatio	on program servic	es such as HBO, ESPN, etc. Identify	
		-			ation. For example, report multi	
	A-2". Simulcast	streams mus	t be reported in	column 1 (list ea	ch stream separately; for exampl€	
WETA-simulcast). Column 2: Give th	ne channel num	ber the FCC	has assigned to	the television sta	tion for broadcasting over-the-air ir	
ts community of licen	ise. For exampl	e, WRC is Ch	annel 4 in Was	hington, D.C. This	s may be different from the channe	
on which your cable s			tation is a netw	ork station an inc	dependent station, or a noncommercia	
					icast), "I" (for independent), "I-M	
(for independent mult	icast), "E" (for r	oncommercia	al educational),	or "E-M" (for none	commercial educational multicast)	
For the meaning of th Column 4: If the s					the paper SA3 form ′es". If not, enter "No". For an ex	
planation of local serv			•			
Column 5: If you I	have entered "Y	es" in columr	4, you must co	mplete column 5	, stating the basis on which you	
					ntering "LAC" if your cable syster	
carried the distant sta For the retransmis					ty payment because it is the subjec	
of a written agreemer	nt entered into c	on or before J	une 30, 2009, b	etween a cable s	stem or an association representin	
•			•		ary transmitter, enter the designa	
· · · /					other basis, enter "O." For a furthe ted in the paper SA3 form	
Column 6: Give th	ne location of ea	ach station. Fo	or U.S. stations,	, list the communi	ty to which the station is licensed by the	
					th which the station is identifed	
Note: If you are utilizi	ing multiple cha		•		n channel line-up.	_
		CHANN	EL LINE-UP	AA		_
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		_
KTIV.2	41.2	I-M			Sioux City, Ia	
KTIV.2	41.2	I-M			Sioux City, Ia	See instructions for
KPTH	49	N			Sioux City, la	additional information on alphabetization.
KCAU	9	N			Sioux City, la	
KMEG	39	N			Sioux City, la	
KSIN	28	E			Sioux City, la	
KMEG 14.3	39.3	I-M			Sioux City, la	
KMEG 14.2	39.2	I-M			Sioux City, la	
KTIV DT3	41.3	I-M			Sioux City, la	
KPTH 44.2	49.2	I-M			Sioux City, la	
KPTH 44.3	49.3	E			Sioux City, la	
KSIN.2	28.2	E			Sioux City, la	
KSIN.3	28.3	E			Sioux City, la	
				-		

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Northwest Iowa Telephone Co	

LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	N
Northwest low	a Telephone	e Co			61026	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable FCC rules and regula	system during t tions in effect o	the accountin n June 24, 19	g period except 981, permitting t	(1) stations carri the carriage of ce	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections ; and (2) certain stations carried on a	G Primary
substitute program ba				e carried by your	cable system on a substitute program	Transmitters:
basis under specifc F • Do not list the statio	CC rules, regul n here in space	ations, or aut G—but do lis	horizations		cable system on a substitute progran nent and Program Log)—if the	Television
	, and also in spa nformation cond	ace I, if the st			titute basis and also on some othe of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			-	-	ation. For example, report multi ch stream separately; for example	
WETA-simulcast).		har the ECC	has assigned to	the televicion etc	tion for broadcasting over the air in	
			-		ation for broadcasting over-the-air ir s may be different from the channe	
on which your cable s	system carried t	he station		0	-	
					dependent station, or a noncommercia icast), "I" (for independent), "I-M	
N 1	<i>//</i>		,,	· ·	commercial educational multicast)	
For the meaning of th Column 4: If the s					the paper SA3 form (es". If not, enter "No". For an ex	
planation of local serv						
-			•		, stating the basis on which you ntering "LAC" if your cable syster	
carried the distant sta	ation on a part-ti	me basis bec	ause of lack of	activated channe	I capacity	
					ty payment because it is the subjec ystem or an association representin	
					ary transmitter, enter the designa	
explanation of these t	three categories	s, see page (v) of the general	instructions loca	other basis, enter "O." For a furthe ted in the paper SA3 form	
Column 6: Give th	ne location of ea	ach station. Fo	or U.S. stations,	, list the commun	ity to which the station is licensed by the	
Note: If you are utilizi					th which the station is identifed h channel line-up.	
	5		EL LINE-UP		·	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
KTIV.2	41.2	I-M			Sioux City, la	
ΚΤΙν	41	N			Sioux City, la	
КРТН	49	N			Sioux City, la	
KCAU	9	N			Sioux City, la	
KMEG	39	N			Sioux City, la	
KSIN	28	Е			Sioux City, la	
KUSD	34	Е			Vermillion, SD	
KMEG 14.3	39.3	I-M			Sioux City, la	
KMEG 14.2	39.2	I-M			Sioux City, la	
KTIV DT3	41.3	I-M			Sioux City, la	
KPTH 44.2	49.2	I-M			Sioux City, la	
KPTH 44.3	49.3	E			Sioux City, la	
KSIN.2	28.2	E			Sioux City, la	
KSIN.3	28.3	E			Sioux City, la	

Name

G

Primary

Transmitters:

Television

SYSTEM ID#

61026

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Northwest Iowa Telephone Co
PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

		CHANN	EL LINE-UP	AC	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
0.0.1	NUMBER	STATION		(If Distant)	
		UIANON		(II Distant)	
KXVO	38	l			Omaha, NE
WOWT	22	N			Omaha, NE
КРТМ	43	N			Omaha, NE
KETV	20	N			Omaha, NE
KMTV	45	N			Omaha, NE
KYNE	17	E			Omaha, NE
KPTM.3	43.3	I-M			Omaha, NE
KXVO.2	38.2	I-M			Omaha, NE
KXTM.2	43.2	I-M			Omaha, NE
KXVO.3	38.3	I-M			Omaha, NE

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Northwest Iowa Telephone Co	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Northwest low	a Telephone	Co			61026	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	DN				
In General: In space (carried by your cable) FCC rules and regular 76.59(d)(2) and (4), 74 substitute program ba Substitute Basis 3 basis under specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA	G, identify every system during ti tions in effect or 5.61(e)(2) and (sis, as explaine Stations: With r CC rules, regula n here in space only on a subs and also in spa formation conc orm. ch station's call associated with A-2". Simulcast	y television st he accounting h June 24, 19 4), or 76.63 (d in the next respect to any ations, or auth G—but do lis titute basis ince I, if the stat erning substi sign. Do not h a station ac streams must	g period except 81, permitting t referring to 76.6 paragraph y distant station norizations: t it in space I (tl ation was carrie tute basis static report originatic cording to its ov t be reported in	(1) stations carrie he carriage of cer 51(e)(2) and (4))]; s carried by your he Special Staten ed both on a subs ons, see page (v) on program servic ver-the-air design column 1 (list ear	as and low power television stations) ed only on a part-time basis under rtain network programs [section: ; and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the titute basis and also on some othe of the general instructions located res such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example ation for broadcasting over-the-air ir	G Primary Transmitters: Television
its community of licension 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 cable system carried the carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	se. For example ystem carried the e in each case w y entering the le cast), "E" (for no ese terms, see p tation is outside ice area, see pa ave entered "Yo he distant statio tion on a part-tir sion of a distant t entered into or a primary trans simulcasts, also nee categories e location of ea Canadian statio	e, WRC is Ch ne station whether the s tter "N" (for n page (v) of th the local ser age (v) of the es" in column on during the me basis bec- multicast stru- n or before Ju mitter or an a penter "E". If , see page (v ch station. Fo ns, if any, giv	annel 4 in Wasi tation is a network), "N-M" il educational), ' e general instru- vice area, (i.e. " general instruce 4, you must co accounting peri ause of lack of accounting peri ause of lack of accounting peri ause of lack of socciation repre you carried the) of the general or U.S. stations, re the name of t	hington, D.C. This ork station, an inc (for network mult or "E-M" (for non- citions located in distant"), enter "Y tions located in the omplete column 5 iod. Indicate by e activated channe subject to a royal etween a cable s esenting the prime channel on any instructions locat list the community wi	s may be different from the channe dependent station, or a noncommercia icast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form (res". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster I capacity ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the th which the station is identifec	
		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KTIV.2	41.2	I-M			Sioux City, la	
KTIV.2	41.2	I-M			Sioux City, Ia	
КРТН	49	N			Sioux City, Ia	
KCAU	9	N			Sioux City, la	
KMEG	39	N			Sioux City, la	
KSIN	28	Е			Sioux City, Ia	
KELO	11	N			Sioux Falls, SD	
KMEG 14.3	39.3	I-M			Sioux City, Ia	
KMEG 14.2	39.2	I-M			Sioux City, Ia	
KTIV dt3	41.3	I-M			Sioux City, la	
KPTH 44.2	49.2	I-M			Sioux City, Ia	
KPTH 44.3	49.3	Е			Sioux City, Ia	
KSIN.2	28.2	Е			Sioux City, Ia	
KSIN.3	28.3	Е			Sioux City, Ia	

No. at las					SYSTEM ID#	Name
Northwest lowa	a Telephone	e Co			61026	
PRIMARY TRANSMITTE						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76	system during t ions in effect o 5.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (g period except 81, permitting tl referring to 76.6	(1) stations carrie ne carriage of cert	s and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on s	G Primary
substitute program bas Substitute Basis S				s carried by your o	cable system on a substitute program	Transmitters Television
 basis under specifc FC Do not list the station station was carried 	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if th€	
	formation cond				tute basis and also on some othe of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	ver-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi h stream separately; for exampl∈	
WETA-simulcast). Column 2: Give the	e channel num	ber the FCC I	nas assigned to	the television stat	ion for broadcasting over-the-air ir may be different from the channe	
on which your cable sy Column 3: Indicate	stem carried t in each case	he station whether the s	tation is a netwo	ork station, an ind	ependent station, or a noncommercia	
(for independent multio	cast), "E" (for n	oncommercia	l educational), o	or "E-M" (for nonc	cast), "I" (for independent), "I-M commercial educational multicast)	
	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex	
	ave entered "Y	es" in column	4, you must co	mplete column 5,	stating the basis on which you	
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel		
of a written agreement	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	y payment because it is the subjec stem or an association representin	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ry transmitter, enter the designa ther basis, enter "O." For a furthe	
Column 6: Give the FCC. For Mexican or C	e location of ea Canadian static	ach station. Fo	or U.S. stations, re the name of t	list the communit he community wit	ed in the paper SA3 form y to which the station is licensed by the n which the station is identifed	
Note: If you are utilizin	ng multiple cha		use a separate		channel line-up.	
	2 B'CACT	3. TYPE	EL LINE-OF	AL		
1. CALL SIGN	2. B'CAST					
SIGIN	CHANNEL NUMBER	OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	-	OF		CARRIAGE	6. LOCATION OF STATION	
	-	OF		CARRIAGE	6. LOCATION OF STATION	
	-	OF		CARRIAGE	6. LOCATION OF STATION	
	-	OF		CARRIAGE	6. LOCATION OF STATION	
	-	OF		CARRIAGE	6. LOCATION OF STATION	
	-	OF		CARRIAGE	6. LOCATION OF STATION	
	-	OF		CARRIAGE	6. LOCATION OF STATION	
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	-	OF		CARRIAGE	6. LOCATION OF STATION	
	-	OF		CARRIAGE	6. LOCATION OF STATION	
	-	OF		CARRIAGE	6. LOCATION OF STATION	
	-	OF		CARRIAGE	6. LOCATION OF STATION	

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	1										
Namo	LEGAL NAME OF C	OWNER OF CABI	E SYSTE	M:				SYSTEM ID#			
Name	Northwest lo	owa Teleph	one Co)				61026			
		-									
н	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally										
Primary											
Transmitters:				tem whenever it is received a							
Radio				ved at the headend, with the							
				Copyright Office regulations	on this point, see	page (vi) of t	ne gene	ral instructions			
	located in the pa			la - ta ti - a - ania - l							
				each station carried. n is AM or FM.							
				nal was electronically process	ed by the cable	svstem as a s	enarate	and discrete			
				k mark in the "S/D" column.		., etc	opalato				
				on (the community to which th	e station is licen	sed by the FC	C or. in	the case of			
				the community with which the			,				
				·	1						
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
	KZSR	FM		Dakota Dunes, SD							
			. 								
	1				1	1	I				

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2021-02
LEGAL NAME OF OWNER OF Northwest Iowa Telep		TEM:			S	YSTEM ID# 61026	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 pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
 SPECIAL STATEMEN During the accounting per broadcast by a distant state 	riod, did yo			sis, any noni	network television progra		Carriage: Special Statement and Program Log
Note: If your answer is "No		e rest of this pa	age blank. If your answer i	s "Yes," you i			Program Log
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the call sign of the station broadcasting the substitute program. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if t							
s	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	,
							ļ
					<mark></mark> _		

Name	LEGAL NAME OF									SYSTEM ID#
	Northwest lo	owa Telepho	one Co							61026
J Part-Time Carriage Log	 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 occurred 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.m12:00 p.m." 									
			DA	TES	AND HOURS (DF F	PART-TIME CAF	RIAGE		
		WHEN	I CARRIAGE O	CCU	RRED			WHEN	I CARRIAGE OC	CURRED
	CALL SIGN	DATE	H FROM	OUR	S TO		CALL SIGN	DATE	HO FROM	URS TO
				_						-
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	al NAME OF OWNER OF CABLE SYSTEM: rthwest Iowa Telephone Co			SYSTEM ID# 61026	Name
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y imounts (gross receipts) paid to your cable system by subscribers for the system's secon identifed in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary tra	insmissio	n service	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.		\$ (Amount of	3,120,725.36 gross receipts)	
 Instru Con Con If you fee If you account 	(RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. our system did not carry any distant television stations, leave block 3 blank. Enter the amo from block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable part ompanying this form and attach the schedule to your statement of account.	ts of the	DSE Sc	hedule	L Copyright Royalty Fee
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be is 3 below.				
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be er elow.				
2 in	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.			,	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	3,120,725.36	
	This is your minimum fee.	\$		33,204.52	
Block 2 Block	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in columr "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and c 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 	n 4, you d?	must che	eck	
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	\$		-	
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		\$	33,204.52	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.			0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE		\$	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		33,929.52	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID # 2.20222E+11]		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions tal		.,		

ACCOUNTING PERIO		FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
1401116	Northwest Iowa Telephone Co	61026
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadca	ast stations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	15
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	
	and nonbroadcast services	199
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted		
for Further	Name Paul Bergmann Telepho	ne 712-271-4000
Information		
	Address 504 4th Street	
	(Number, street, rural route, apartment, or suite number)	
	Sergeant Bluff, IA 51054	
	(City, town, state, zip)	
	Email pbergmann@longlines.biz Fax (optional) 712-27	/1-2727
	CEPTIEICATION (This atotement of account must be partified and signed in accordance with Convight Office r	agulations)
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office re	egulations.)
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
Germeanon		
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of spa	ce B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cal in line 1 of space B and that the owner is not a corporation or partnership; or	ble system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as in line 1 of space B.	owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact conta	ined herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]	
	/s/Paul Bergmann	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.	
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your curs button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus c	
		ompaniomy county.
	Typed or printed name: /s/Paul Bergmann	
	Title: CFO	
	(Title of official position held in corporation or partnership)	
	Date: February 24, 2022	
Privacy Act Notice	e: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying inform	

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 telephol 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 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 t completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co	SYSTEM ID# 61026	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding th lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the ba service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclu scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1	sic de sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners?		Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa	yment.	Q
For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment		Interest Assessment
X Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the of filing.	riginal	
Owner Address		
First community served Accounting period ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informati	on (PII) requested on th	

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have beer

carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE SCHEDULE

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

· If none of the stations were partially distant, calculate your base rate fee according to the following rates-for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSF 1.064% of gross receipts Each of the second, third, and fourth DSEs 0.701% of gross receipts

The fifth and each additional DSE

0.330% of gross receipts

PARTIALLY DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group. 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

	Distant Stations Carried		Identification of	of Subscriber Group)S		
In most cases under current FCC	STATION	DSE	CITY	OUTSIDE LOCAL		GRO	SS RECEIPTS
rules, all of Fairvale would be within	A (independent)	1.0		SERVICE AREA C	F	FROMS	SUBSCRIBERS
the local service area of both stations	B (independent)	1.0	Santa Rosa	Stations A, B, C, D	,E		\$310,000.00
A and C and all of Rapid City and Bo-	C (part-time)	0.083	Rapid City	Stations A and C			100,000.00
dega Bay would be within the local	D (part-time)	0.139	Bodega Bay	Stations A and C			70,000.00
service areas of stations B, D, and E.	E (network)	<u>0.25</u>	Fairvale	Stations B, D, and	E		120,000.00
	TOTAL DSEs	2.472		TOTAL GROSS R	ECEIPTS		\$600,000.00
	Minimum Fee Total Gross	Receipts		\$600,000.00			
Santa Rosa Stations A and C		·		x .01064			
35 mile zone				\$6,384.00			
	First Subscriber Group		Second Subsc	riber Group		Third Subscriber Group	
	(Santa Rosa)		(Rapid City and			(Fairvale)	
Fairvale	, , , , , , , , , , , , , , , , , , ,					. ,	
i ali vale	Gross receipts	\$310,000.00	Gross receipts	\$17	0,000.00	Gross receipts	\$120,000.00
Rapid City	DSEs	2.472	DSEs		1.083	DSEs	1.389
	Base rate fee	\$6,497.20	Base rate fee	9	51,907.71	Base rate fee	\$1,604.03
Bodega	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .010	64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
Bodega Bay	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .0070)1 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
	Base rate fee	\$6,497.20	Base rate fee	9	51,907.71	Base rate fee	\$1,604.03
\							
Stations B, D,	Total Base Rate Fee: \$6,4	07 00 1 04 007 7		10 000 04			

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

35 mile zone

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID							
1	Northwest Iowa Telephone Co 61026							
	SUM OF DSEs OF CATEGOR • Add the DSEs of each statior Enter the sum here and in line	0.00						
	Instructions: In the column headed "Call S of space G (page 3). In the column headed "DSE" mercial educational station, giv	: for each indep	endent station, give the DSE					
Category "O"	mercial educational station, giv		25. CATEGORY "O" STATION	S: DSFs				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as necessary.								
Remember to copy								
all formula into new								
rows.								
	L			L				

	k aan ahaan ah	

3 Hereinser, CAPACITY 3 Comparison Com	Name		wa Telephone Co					S	61026			
Capacity Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 1. CALL SIGN 2. NUMBER 3. NUMBER CARRIED BY 3. NUMBER COMMAN	Computation of DSEs for Stations Carried Part Time Due to Lack of Activated	 Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the 										
1. CALL SIGN 2. NUMBER CARRIED BY SYSTEM 3. NUMBER OF HOURS CARRIED BY SYSTEM 3. NUMBER OF HOURS STATION ON AIR 5. TYPE CARRIED BY SYSTEM 6. DSE 4 ************************************	Capacity		C	CATEGORY L	AC STATIONS:	COMPUTATIO	ON OF DSEs					
A Image: State of the st			2. NUMBE OF HOU CARRIE	R 3 JRS ED BY	. NUMBER OF HOURS STATION	4. BASIS OF CARRIAG	5. TYPE		ε			
Sum of DSEs of CATEGORY LAC STATIONS: Add the DSEs of each station Build for DSEs of CATEGORY LAC STATIONS: Add the DSEs of each station Build for DSEs of CATEGORY LAC STATIONS: Add the DSEs of each station Build for DSEs of CATEGORY LAC STATIONS: Add the DSEs of each station Build for DSEs of CATEGORY LAC STATIONS: Add the DSEs of each station Build for DSEs of each station Computation Substitution Build for DSEs of each station listed in space I (page 5, the Log of Substitute Programs) if that station: "Best decision or more live, nonetwork programs during that optional Carriage (is shown by the word "Yes" in column 2 of space 1). Column 4: Divide the flagure in column 2 by the flagure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station DSE (For more information in space 1. Column 4: Divide the flagure in column 2 by the flagure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station DSE (For more information nor unording, see page (iv) of the general instations in the paper SA3 form). Sign 2: NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs for part 3 of this schedule. 				÷		=		=				
Sum of DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. There the sum here and in line 2 of part 5 of this schedule,				<u>~</u>		=						
Image: state of the sum here and in line 2 of part 5 of this schedule,				÷		=		=				
image: state in the sum here and in line 2 of part 5 of this schedule,						=		=				
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,				÷		=						
Add the DSEs of each station. D.00 Add the DSEs of each station. D.00 A Computation of DSEs from part 2 of part 5 of this schedule,												
4 Column 1: Give the call sign of each station listed in space 1 (page 5, the Log of Substitute Programs) if that station: Orgotation Substitute Basis Stations Computation of DSEs for Substitute Basis Stations Column 2: Give the call sign of each station give the number of live, nonetwork programs carried in substitute to delete under FCC rules and regular- tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space 1); and "space 1). Column 2: For each station give the number of live, nonetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space 1. Column 3: Enter the number of days in the calendar year: 305, except in a leap year. Column 4: Divide the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). Station 1: CALL 2. NUMBER 1: CALL 2. NUMBER 2: NUM OF DES 3. NUMBER 4: DES of substrut=FASIS STATIONS: Add the DSEs of call station. Diversion of DSEs form part 4 of this schedule, 0.000 <th></th> <th>Add the DSEs of</th> <th>f each station.</th> <th></th> <th>dule,</th> <th></th> <th>0.00</th> <th></th> <th></th>		Add the DSEs of	f each station.		dule,		0.00					
1. CALL SIGN 2. NUMBER OF PROGRAMS 3. NUMBER OF DAYS IN YEAR 4. DSE 1. CALL SIGN 2. NUMBER OF OF DAYS IN YEAR 3. NUMBER OF DAYS IN YEAR 4. DSE + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = + = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 0.00 Total Number Total NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system. 0.00 1. Number of DSEs from part 2 •	Computation of DSEs for Substitute-	Column 1: Give • Was carried I tions in effec • Broadcast on space I). Column 2: Fr at your option. T Column 3: E Column 4: D	 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third 									
SIGN OF OF DAYS SIGN OF OF DAYS PROGRAMS IN YEAR = = + = = + =			SU				TION OF DSEs					
Image: state of DSEs Image: state of DSEs <td< th=""><th></th><th></th><th>OF</th><th>OF DAYS</th><th></th><th></th><th>OF</th><th>OF DAYS</th><th>4. DSE</th></td<>			OF	OF DAYS			OF	OF DAYS	4. DSE			
image: state of DSEs image: state of DSEs <td< th=""><th></th><th></th><th></th><th></th><th>=</th><th></th><th></th><th></th><th>=</th></td<>					=				=			
Image: Sum of DSEs Image: Su					=				=			
+ = + = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,			+						=			
+ = + = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,			•	-	=		-	-	=			
Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,			÷	-	=		+	-	=			
D number of DSEs applicable to your system. Total Number 1. Number of DSEs from part 2 • of DSEs 2. Number of DSEs from part 3 • 3. Number of DSEs from part 4 • 0.00		Add the DSEs of	f each station.		dule,		0.00					
of DSEs 2. Number of DSEs from part 3 • • 0.00 3. Number of DSEs from part 4 • • 0.00	5				oxes in parts 2, 3, and	1 4 of this schedule	and add them to provide	the total				
of DSEs 2. Number of DSEs from part 3 • • 0.00 3. Number of DSEs from part 4 • • 0.00	Total Number	1. Number of	DSEs from part 2 ●				•	0.00				
							·					
TOTAL NUMBER OF DSEs 0.00		3. Number of	DSEs from part 4 ●				·	0.00				
		TOTAL NUMBER	OF DSEs						0.00			

DSE SCHEDULE. PAGE 12.

DSE SCHEDULE. P	PAGE 13.							ACCOUNTING	6 PERIOD: 2021-
	WNER OF CABLE						S	YSTEM ID#	Name
vortriwest iow		C0						61026	
	ck A must be com	pleted.							
n block A: If your answer if	"Yes," leave the re	emainder of	part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
schedule.	"No," complete blo	ocks B and C	` below						
li your answer ii	NO, COMPLETE DI			ELEVISION M	ARKETS				Computation
s the cable syster	m located wholly c					ection 76.5 of	FCC rules and reg	gulations in	3.75 Fee
ffect on June 24,	e system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in une 24, 1981?								
			DO NOT COM	PLETE THE REM	AINDER OF F	PART 6 AND 7	·.		
X No—Comp	plete blocks B and	C below.							
		BLOO	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1:	List the call signs			part 2, 3, and 4 of			tem was permitte	d to carry	
CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Ju dule. (Note: Tl	ne 25, 1981. For fu he letter M below r	urther explana	ation of permitt	ed stations, see th	he	
Column 2:			0	asis on which you o					
BASIS OF PERMITTED	,	•		elow pertain to tho irket quota rules [7			,	ı to	
CARRIAGE	76.61(b)(c)]	•						, -	
				76.59(d)(1), 76.61(9(c), 76.61(d), 76.			o.61(e)(1)		
	D Grandfathered	d station (76.	65) (see parag	raph regarding su	• • •		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 Retransmissio		•		(0), 10.01(0)(0	,, , , , , , , , , , , , , , , , , , ,			
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
				•••••••••••••••••••••••••••••••••••••••					
								0.00	
		E	BLOCK C: CC	MPUTATION O	F 3.75 FEE				
ne 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			11	-	
ne 2: Enter the	e sum of permitte	ed DSEs fro	m block B ab	ove			II .	-	
				r of DSEs subjec 7 of this schedu		rate.		0.00	
ne 4: Enter gro	oss receipts from	n space K (p	age 7)						Do any of t DSEs repres
							x 0.03	010	partially
ne 5: Multiply I	ine 4 by 0.0375	and enter s	um here						permited/ partially
	-						x		nonpermitt
no 6. Enter tet	al number of DO	Eo from lin-	. 2						carriage? If yes, see p
HE O. EIILEF LOLA	al number of DS		; J				n	-	9 instruction
ne 7: Multiply I	ine 6 by line 5 ai	nd enter he	re and on line	2, block 3, spac	e L (page 7)			0.00	

orthwest lov	va Telephone	Co				-	YSTEM ID# 61026	Name
		BLOCK		SION MARKET				
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
					 			Computation 3.75 Fee
					 			0.10100
					 			1

						DSE SCHEDULE. PAGE 14.
Name	LEGAL NAME OF OWN		EM:			SYSTEM ID#
	Northwest lowa	a Telephone Co				61026
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fo A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca gener Column 5: Indicate Column 6: Compare in block	or to June 25, 1981, call sign for each dis the DSE for this star the accounting perio the basis of carriage CC rules and regular ecialty programming (d)(1),76.61(e)(1), o rogramming: Carriage (e)(3)). arriage under certair al instructions in the the station's DSE fo e the DSE figures lis is B, column 3 of part	r the current accounting per ted in columns 2 and 5 and 6 for this station. in columns 2, 3, and 4 mu	verning part-time and sub eletter "F" in column 2 of p period, occurring betwee rriage and DSE occurred carried by listing one of th those in effect on June 24 pasis, of specialty program e)(1)). as 76.59(d)(3), 76.61(e)(3) authorizations. For further triod as computed in parts d list the smaller of the two	ostitute carriage.) bart 6 of the DSE schedul n January 1, 1978 and Ju (e.g., 1981/1). e following letters: 4, 1981.) nming under FCC rules, s), or 76.63 (referring to er explanation, see page (5 2, 3, and 4 of this schedu o figures here. This figure	e. ne 30, 1981. ections vi) of the ule. should be entered
			E FOR STATIONS CARR			
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE
7	Instructions: Block A In block A:	A must be completed				
Computation		"Yes," complete blo	cks B and C, below.			
of the	If your answer is	"No," leave blocks E	and C blank and complete	e part 8 of the DSE sched	ule.	
Syndicated			BLOCK A: MAJOF	R TELEVISION MARK	ΈT	
Exclusivity Surcharge	a la any partian of the s	able aveter within a	top 100 major television ma	rkat as defined by eastion 7	is a of ECC rules in offset	lupo 24 10912
Surcharge		blocks B and C .	top 100 major television ma	-		une 24, 1901?
	res—Complete	DIOCKS D ANU C .		No—Proceed to	part o	
	BLOCK B: Ca	arriage of VHF/Grad	e B Contour Stations	BLOC	K C: Computation of Exer	npt DSEs
	Is any station listed in				d in block B of part 7 carri	
	commercial VHF stati	on that places a gra	de B contour, in whole	nity served by the cat	ole system prior to March	
	or in part, over the ca			to former FCC rule 76	,	
		tation below with its ap and proceed to part 8.	propriate permitted DSE		tation below with its appropr and proceed to part 8.	ate permitted DSE
	X No—Enter zero a			X No—Enter zero a	and proceed to part o.	
	CALL SIGN	DSE C	ALL SIGN DSE	CALL SIGN	DSE CALL SI	GN DSE
				┤║└────		
		Т	DTAL DSEs 0.00	1	TOTAL D	SEs 0.00

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co	SYSTEM ID# 61026	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	3,120,725.36	7
1 Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	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 DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on	_	
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)	_	
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2021-02

		DSE SCHEDUL	
Name			STEM ID# 61026
		Northwest Iowa Telephone Co	01020
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		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	<u></u>
8	You m	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.	
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of		Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
Base Rate Fee	• II you blank	rr answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below .	
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
	were lo	ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) S	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes,"	
		use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	0.00
	1		

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
North	west Iowa Telephone Co 61026	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts (the amount in section 1)►\$	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) §	of
	C. Multiply line B by 3.000 and enter here►\$	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here \$	
	G. Add lines A, C, and F. This is your base rate fee	
	Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:	of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	 Syndicated Exclusivity
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	Partially
	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
-	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compu	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's	
subscri	ber groups.	
	fy the communities/areas represented by each subscriber group.	
Give t	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
subscri • If:	bers in the group.	
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,	
, ,	6 of this schedule.	
	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	
your ac	stual calculations on the form.	

61 fee for wholly and itted signals in these ly nonpermitted distant pts by total DSEs by gross receipts reported tted distant ams that is transmitted from . The 3.75 Percent Rate
itted signals in these ly nonpermitted distant pts by total DSEs by gross receipts reported tted distant that is transmitted from . The 3.75 Percent Rate
itted signals in these ly nonpermitted distant pts by total DSEs by gross receipts reported tted distant that is transmitted from . The 3.75 Percent Rate
ly nonpermitted distant pts by total DSEs by gross receipts reported ted distant ams that is transmitted from . The 3.75 Percent Rate
pts by total DSEs by gross receipts reported ted distant that is transmitted from . The 3.75 Percent Rate
pts by total DSEs by gross receipts reported ted distant that is transmitted from . The 3.75 Percent Rate
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ams that is transmitted from . The 3.75 Percent Rate
hat is transmitted from . The 3.75 Percent Rate
. The 3.75 Percent Rate
m.
of a written agreement
system and a primary

1 OT (W O/ (OE. 1 / (OE 10.	FORM	SA3E.	PAGE	19.
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	61026					e Co	elephone	lorthwest lowa Te
				TE FEES FOR EACH				B
	JP	SUBSCRIBER GRO		COMMUNITY/ AREA	JP	SUBSCRIBER GROU	FIRST 1-Salix	OMMUNITY/ AREA
C	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Ва	DOL	ONLE CIGIN	DOL		DOL		DOL	
•••		-						
	0.00			Total DSEs	0.00			otal DSEs
-	92,767.20	\$	d Group	Gross Receipts Secor	,427.32	<u>\$</u> 57	roup	oross Receipts First G
	0.00	\$	id Group	Base Rate Fee Secor	0.00	\$	roup	a se Rate Fee First G
	JP	SUBSCRIBER GRO	FOURTH		JP	SUBSCRIBER GROU	THIRD	
		ctionville	1-Correc	COMMUNITY/ AREA		on	1-Antho	OMMUNITY/ AREA
_	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
_	0.00	<u> </u>		Total DSEs	0.00			otal DSEs
_	67,000.88	\$	n Group	Gross Receipts Fourth	,556.34	<u>\$</u> 59	Group	iross Receipts Third G
				11				

FORM SA3E. PA	AGE 19.
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LEGAL NAME OF OWNE						S	61026	Name
BI				TE FEES FOR EACH		RIBER GROUP		
		SUBSCRIBER GRO	UP		9			
COMMUNITY/ AREA	I-Danu	bury		COMMUNITY/ AREA	1-4411111	ng	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs	Total DSEs0.00			
Gross Receipts First G	roup	\$ 37	7,081.31	Gross Receipts Secor	nd Group	\$	57,307.48	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second Group \$ 0.00				
ç	SEVENTH	SUBSCRIBER GRO	UP					
COMMUNITY/ AREA	1-Siou	x City		COMMUNITY/ AREA 1-Holstein				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						n -		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 57	7,326.78	Gross Receipts Fourth	n Group	\$	14,889.09	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes a	above.	\$		

FORM SA3E. PA	AGE 19.
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LEGAL NAME OF OWNE						SY	STEM ID# 61026	Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
COMMUNITY/ AREA	NINTH	SUBSCRIBER GROU	COMMUNITY/ AREA 1-Soldier					9	
COMMONT I/ AREA		IUVE			1-501016			Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	<u>\$</u> 230,	780.82	Gross Receipts Second	d Group	<u>\$</u> 1;	3,989.67		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
		SUBSCRIBER GROU	P	-					
COMMUNITY/ AREA	1-Ute			COMMUNITY/ AREA	1-Maple	ton			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$ 22,	150.31	Gross Receipts Fourth	Group	<u>\$ 9</u> 9	9,238.69		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$			

FORM SA3E. I	PAGE 19.
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LEGAL NAME OF OWNE Northwest Iowa Te						SY	STEM ID# 61026	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU	JP	FOURTEENTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA	MMUNITY/ AREA 1-Onawa			COMMUNITY/ AREA	1-Blenc	De		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						_		Base Rate Fee
						-		and
	•••••••							Syndicated Exclusivity
						-		Surcharge
								for
								Partially
								Distant Stations
						-		
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$ 225,	858.88	Gross Receipts Secon	d Group	\$ 10	6,855.14	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIF		SUBSCRIBER GROU	IP			SUBSCRIBER GROUP	>	
COMMUNITY/ AREA	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
						-		
						-		
						-		
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$</u> 22,	150.31	Gross Receipts Fourth	Group	\$ 29'	1,554.06	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

FORM SA3E. PA	AGE 19.
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LEGAL NAME OF OWNE Northwest Iowa Te						SY	STEM ID# 61026	Name
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROU	P	EIGHTEENTH SUBSCRIBER GROUP			, 	9
COMMUNITY/ AREA	2-Jeffer	son SD		COMMUNITY/ AREA	2-Dakot	a Dunes SD		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 39,	973.47	Gross Receipts Second	d Group	\$ 227	7,436.14	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NIN	ITEENTH	SUBSCRIBER GROU	P	ΤV	/ENTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	2-South	Sioux City NE		COMMUNITY/ AREA	2-North	Sioux City SD		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$</u> 301,	235.02	Gross Receipts Fourth	Group	\$ 146	5,903.12	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

FORM SA3E. PA	AGE 19.
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LEGAL NAME OF OWNE Northwest Iowa Te						SY	STEM ID# 61026	Name
				TE FEES FOR EACH				
TWENT			P	TWENTY COMMUNITY/ AREA		SUBSCRIBER GROUP	>	9
COMMUNITY AREA				COMMONT I AREA	3-1111550			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and Syndicated
						-		Exclusivity
								Surcharge
						-		for Dertieller
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$ 536,	219.42	Gross Receipts Secon	d Group	\$ 134	4,014.57	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GROU	P	TWENTY	-FOURTH	SUBSCRIBER GROUP	>	
COMMUNITY/ AREA	3-Logar	1		COMMUNITY/ AREA	4-Wood	bine		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
	roup	¢ 64	646.70		Group	¢ 6-	7,007.29	
Gross Receipts Third G	nouh	<u> </u>	0-10.70	Gross Receipts Fourth	Group	\$ 61	,001.29	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

FORM SA3E. PA	AGE 19.
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LEGAL NAME OF OWNE						SY	STEM ID# 61026	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU	JP	TWEN	9			
COMMUNITY/ AREA 4-Magnolia				COMMUNITY/ AREA	5-Orang	je City		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 5,	360.58	Gross Receipts Secon	d Group	\$ 23	4,994.77	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	EVENTH	SUBSCRIBER GROU		TWENT				
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 61026	Name	
BI COMMUNITY/ AREA		SUBSCRIBER GROU			E FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 1-Sloan				
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated	
		_						Exclusivity	
								Surcharge	
								for	
								Partially Distant	
								Stations	
	l]				[
							0.00		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$ 57,	427.32	Gross Receipts Seco	nd Group	\$ 9	92,767.20		
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Second		\$	0.00		
		SUBSCRIBER GROU	JP			SUBSCRIBER GROU	JP		
COMMUNITY/ AREA	1-Antho	on		COMMUNITY/ AREA	1-Corre	ctionville			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
	l]				[
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third C	Group	<u>\$</u> 59,	556.34	Gross Receipts Fourt	h Group	\$	67,000.88		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
			riber group	as shown in the boxes	above.				
Enter here and in block	3, line 1, s	space L (page 7)				\$	0.00		

26	61026						lephone	
	UP	IBER GROUP SUBSCRIBER GRO		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		BI
	-			COMMUNITY/ AREA				COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
,	0.00			Total DSEs	0.00			otal DSEs
-	Gross Receipts Second Group \$ 57,307.48				081.31	\$ 37,	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First G
	UP	SUBSCRIBER GRO						
	-				IP			
	-			COMMUNITY/ AREA	IP			
	DSE			COMMUNITY/ AREA	IP DSE			OMMUNITY/ AREA
		ein	1-Holste			City	1-Sioux	OMMUNITY/ AREA
		ein	1-Holste			City	1-Sioux	OMMUNITY/ AREA
		ein	1-Holste			City	1-Sioux	OMMUNITY/ AREA
		ein	1-Holste			City	1-Sioux	
		ein	1-Holste			City	1-Sioux	OMMUNITY/ AREA
		ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
		ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
		ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
		ein	1-Holste			City	1-Sioux	OMMUNITY/ AREA
		ein	1-Holste			City	1-Sioux	CALL SIGN
	DSE	Pin CALL SIGN	1-Holste	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	Pin CALL SIGN	1-Holste	CALL SIGN CALL SIGN	DSE	CALL SIGN	1-Sioux DSE	COMMUNITY/ AREA

	BLE SYSTEM: Te Co				S	61026
	COMPUTATION OF		TE FEES FOR EA			
	H SUBSCRIBER GROU	JP			SUBSCRIBER GRO	UP
COMMUNITY/ AREA 1-Ida	Grove		COMMUNITY/ ARE	A 1-Soldie	er	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					-	
	=					
tal DSEs		0.00	Total DSEs			0.00
	¢ 220	,780.82		and Crown	<u></u>	13,989.67
oss Receipts First Group	\$ 230	,700.02	Gross Receipts Sec	ond Group	\$	13,303.07
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
ELEVENT	H SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GRO	UP
MMUNITY/ AREA 1-Ute			COMMUNITY/ ARE	A 1-Maple	ton	
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			· · · · · · · · · · · · · · · · · · ·			
al DSEs		0.00	Total DSEs			0.00
	<u>\$</u> 22	0.00	Total DSEs Gross Receipts Fou	Irth Group	S	0.00 99,238.69
otal DSEs ross Receipts Third Group ase Rate Fee Third Group	<u>s</u> 22					

LEGAL NAME OF OWNE						S	61026	Name
BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
THIF	RTEENTH	SUBSCRIBER GROU	IP	F	OURTEENTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA		/a		COMMUNITY/ ARE		0e		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge for
						-		Partially
		-						Distant
		-						Stations
		-						
	I					1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 225,	858.88	Gross Receipts Sec	ond Group	\$	16,855.14	
		 				 	T	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
FI	TEENTH	SUBSCRIBER GROU	IP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	1-Moor	head		COMMUNITY/ ARE	A 2-Serge	ant Bluff		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
							•	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$</u> 22,	150.31	Gross Receipts Fou	irth Group	<u>\$</u> 2	91,554.06	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 61026	Name
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GROU	JP			SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	2-Jeffe	rson SD		COMMUNITY/ AREA	2-Dakot	a Dunes SD		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-				-		Syndicated
								Exclusivity
						-		Surcharge
		-						for Partially
								Distant
						-		Stations
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$</u> 39,	973.47	Gross Receipts Secon	ld Group	\$ 22	27,436.14	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GROU	JP	Т	VENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	2-Sout	n Sioux City NE		COMMUNITY/ AREA	2-North	Sioux City SD		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-				-		
		-				-		
						-		
		-				-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$</u> 301,	235.02	Gross Receipts Fourth	n Group	<u>\$</u> 14	46,903.12	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

	elephone	LE SYSTEM: e Co				S	61026
				TE FEES FOR EAC			
TWEN		SUBSCRIBER GRO	UP	TWENT COMMUNITY/ AREA		SUBSCRIBER GRO	YUP
	2-010111						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		F					
		-					
otal DSEs			0.00	Total DSEs			0.00
ross Receipts First (Group	\$ 536	6,219.42	Gross Receipts Seco	ond Group	\$	134,014.57
ase Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
		SUBSCRIBER GRO	UP	11		SUBSCRIBER GRO	DUP
MMUNITY/ AREA	3-Loga	n		COMMUNITY/ AREA	4-Wood	bine	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
ALL SIGN							
CALL SIGN							
CALL SIGN							
CALL SIGN							
			0.00	Total DSEs			0.00
CALL SIGN		s 61	0.00	Total DSEs Gross Receipts Four	th Group		0.00

	elephone	E SYSTEM: CO					61026
		COMPUTATION OF					
		SUBSCRIBER GROU	JP	TWENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 5-Orange City			
OMMUNITY/ AREA		ona					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
		-					
		-					
		-					
]					
otal DSEs			0.00	Total DSEs			0.00
oss Receipts First G	roup	\$ 5,	,360.58	Gross Receipts Sec	ond Group	\$ 2	234,994.77
ase Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	and Group	\$	0.00
							I
TWENTY-	SEVENTH	SUBSCRIBER GROL	<u>קר</u> ס	TWENTY-EIGHTH SUBSCRIBER GROUP			
			U	COMMUNITY/ AREA 0			
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
btal DSEs			0.00	Total DSEs			
		\$	0.00	Total DSEs Gross Receipts Fou	rth Group	s	
Dtal DSEs ross Receipts Third (àroup	S			rth Group	S	