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

## SA3E Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/23/22	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting		2021/2						
Period								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		ACE TELEPHONE ASSOCIATION						
		ACENTEK						
					6240	320212		
					62403	2021/2		
		PO BOX 360						
		HOUSTON MN 55943						
С		TRUCTIONS: In line 1, give any business or trade names used to i						
C	nar	nes already appear in space B. In line 2, give the mailing address o	f the system, if dif	ferent from the address giv	en in spac	e B.		
System	1	IDENTIFICATION OF CABLE SYSTEM:						
	_	ACENTEK						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						
_	+	(City, town, state, zip code)						
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on paç	ge 1b		
Area	witl	n all communities.	T					
Served	-	CITY OR TOWN	STATE					
First								
Community	В	Space G.	ı					
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#		
Sample	Ald	*	MD	A		1		
	Alli	ance	MD MD	B B		3		
	Gei	<u>.</u>	WID					

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

OSSIAN

**NEW ALBIN** 

CLERMONT

**ACCOUNTING PERIOD: 2021/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62403 ACE TELEPHONE ASSOCIATION Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. STATE CITY OR TOWN CH LINE UP SUB GRP# **HOUSTON** MN **LEX** First **EITZEN** MN **LEX** 1 Community **BROWNSVILLE** LEX MN HOKAH MN **LEX** LACRESCENT MN LEX CALEDONIA MN LEX 1 See instructions for SPRING GROVE MN LEX 1 additional information on alphabetization. **DAKOTA** MN **LEX RUSHFORD** MN **REX PETERSON** REX MN **LANESBORO** MN REX Add rows as necessary. 2 **CANTON** MN **REX** 3 **GRANGER** MN **REX OSTRANDER** MN **REX** 4 FORT ATKINSON CEX IA 1 **CASTALIA** IA **CEX** OSSIAN IA **CEX** 1 **NEW ALBIN** IA CEX **CLERMONT** IΑ **CEX** 3 IA 5 WATERVILLE CEX HARPERS FERRY IA CEX 5 MN 1 HOUSTON LNS **EITZEN** MN LNS **BROWNSVILLE** MN LNS HOKAH LNS MN LACRESCENT LNS MN 1 **CALEDONIA** MN **LNS** SPRING GROVE MN LNS DAKOTA MN LNS **RUSHFORD RNS** MN **PETERSON** MN **RNS LANESBORO** MN **RNS** CANTON 2 MN RNS **GRANGER** MN **RNS** 3 **OSTRANDER** MN **RNS** 4 **FORT ATKINSON** IA **CNS CASTALIA** IA CNS

IA

IA

IA

**CNS** 

**CNS** 

**CNS** 

2

3

WATERVILLE	IA	CNS	1
HARPERS FERRY	IA	CNS	1

62403

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ACE TELEPHONE ASSOCIATION

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		11	BLOCK 2			
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:				İŀ			
<ul> <li>Service to first set</li> </ul>	4,267	\$	35.95				
<ul> <li>Service to additional set(s)</li> </ul>				İ			
<ul> <li>FM radio (if separate rate)</li> </ul>		Ī		İÏ			
Motel, hotel				H			
Commercial	87	\$	35.95	ĺľ			
Converter				ĺľ			
Residential				ľ			
Non-residential		1		ľ			
		•		ı r			

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		HBO	\$ 13.50
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		CINEMAX	\$ 10.25
Fire protection		• Pay cable		SHOWTIME	\$ 8.75
•Burglar protection		Pay cable-add'l channel		STARX/ENCORE	\$ 9.25
Installation: Residential		Fire protection			
First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

U.S. Copyright Office

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62403 ACE TELEPHONE ASSOCIATION PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under 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 th∈ station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 WFTA-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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP LEX1,LEX2 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION CARRIAGE SIGN **CHANNEL** OF (Yes or No) NUMBER STATION (If Distant) WHLA 31 Ε No LA CROSSE WI PBS **WLAX** 25 I No LA CROSSE WI FOX See instructions for **WKBT** 8 Ν No additional information LA CROSSE WI CBS on alphabetization. WXOW.2 19.2 Ν No LA CROSSE WI Decades WKBT.2 8.2 I-M No LA CROSSE WI MYNET **WXOW** 19 Ν No LA CROSSE WI ABC **KTCA** 2 Ε YES 0 ST PAUL MN PBS 23 **KQEG** ı No LA CROSSE WICL A LOW PWR WXOW.3 19.3 I-M No LA CROSSE WI ThisTV WCCO 4 Ν YES 0 MINNEAPOLIS MI CBS KTTC 10 Ν No ROCHESTER MN NBC KTTC.3 10.3 I-M No ROCHESTER MN H&I WLAX.2 25.2 ı No LA CROSSE WI AntennaTV

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ACE TELEPHONE ASSOCIATION

PRIMARY TRANSMITTERS: TELEVISION

In Constrain In process C. identify a contratal principle of stations (including translates stations and law process to indication stations)

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

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

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

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

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

		CHANN	EL LINE-UP	REX1,REX2	
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
KTCA	2	Е	Yes	О	ST PAUL MN PBS
KXLT	47	I	No		ROCHESTER MN FOX
KAAL	6	N	No		AUSTIN MN ABC
KSMQ	15	Е	No		AUSTIN MN PBS
KTTC	10	N	No		ROCHESTER MN NBC
KTTC.2	10.2	I-M	No		ROCHESTER MN CW
KQEG	23	I	No		LA CROSSE WI CL A LOW PWR
KXLT.2	47.2	I-M	No		ROCHESTER, MN METV
wcco	4	N	Yes	0	MINNEAPOLIS MI CBS
WKBT	8	N	No		LA CROSSE WI CBS
WKBT.2	8.2	I-M	No		LA CROSSE WI MYNET
KTTC.3	10.3	I-M	No		ROCHESTER MN H&I

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ACE TELEPHONE ASSOCIATION

PRIMARY TRANSMITTERS: TELEVISION

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

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

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

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

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

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

		CHANN	EL LINE-UP	REX3,REX4	
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
KTCA	2	Е	Yes	0	ST PAUL MN PBS
KXLT	47	I	No		ROCHESTER MN FOX
KAAL	6	N	No		AUSTIN MN ABC
KSMQ	15	E	No		AUSTIN MN PBS
KTTC	10	N	No		ROCHESTER MN NBC
KTTC.2	10.2	I-M	No		ROCHESTER MN CW
KQEG	23	I	Yes	0	LA CROSSE WICL A LOW PWR
KXLT.2	47.2	I-M	No		ROCHESTER, MN METV
WCCO	4	N	Yes	0	MINNEAPOLIS MI CBS
WKBT	8	N	No		LA CROSSE WI CBS
WKBT.2	8.2	I-M	No		LA CROSSE WI MYNET
KTTC.3	10.3	I-M	No		ROCHESTER MN H&I

G

Primary Transmitters: Television

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62403 ACE TELEPHONE ASSOCIATION PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** 

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. 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 WFTA-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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	CEX1	
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
KWWL.2	7.2	I-M	No		WATERLOO IA H&I
KGAN 2.2	2.2	I	No		CEDAR RAPIDS IA FOX 28
KWWL	7	N	No		WATERLOO IA NBC
KGAN 2.1	2.1	N	No		CEDAR RAPIDS IA CBS
KGAN 2.3	2.3	I-M	No		CEDAR RAPIDS IA GET TV
WHLA	31	E	No		LA CROSSE WI PBS
KRIN	32	E	No		WATERLOO IA PBS
KQEG	23	I	Yes	0	LA CROSSE WICL A LOW PWR
KFXA.1	28.1	I-M	No		CEDAR RAPIDS IA CHARGE TV
KFXA28.6	28.6	I-M	No		CEDAR RAPIDS IA DABL
KWWL.3	7.3	I-M	No		WATERLOO IA METV

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62403 ACE TELEPHONE ASSOCIATION PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters:

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 th∉ station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. 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 subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	CEX2,CEX5	
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
KWWL	7	N	No		WATERLOO IA NBC
KGAN 2.2	2.2	I	No		CEDAR RAPIDS IA FOX 28
KWWL	7	N	No		WATERLOO IA NBC
KGAN 2.1	2.1	N	No		CEDAR RAPIDS IA CBS
KGAN 2.3	2.3	I-M	No		CEDAR RAPIDS IA GET TV
WHLA	31	E	No		LA CROSSE WI PBS
KRIN	32	E	No		WATERLOO IA PBS
KQEG	23	I	No		LA CROSSE WICL A LOW PWR
KFXA.1	28.1	I-M	No		CEDAR RAPIDS IA CHARGE TV
KFXA28.6	28.6	I-M	No		CEDAR RAPIDS IA DABL
KWWL.3	7.3	I-M	NO		WATERLOO IA METV

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ACE TELEPHONE ASSOCIATION

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

Name

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	CEX3	
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
KWWL.2	7.2	I-M	NO		WATERLOO IA H&I
KGAN 2.2	2.2	I	NO		CEDAR RAPIDS IA FOX 28
KWWL	7	N	No		WATERLOO IA NBC
KGAN 2.1	2.1	N	NO		CEDAR RAPIDS IA CBS
KGAN 2.3	2.3	I-M	NO		CEDAR RAPIDS IA GET TV
WHLA	31	E	No		LA CROSSE WI PBS
KRIN	32	E	NO		WATERLOO IA PBS
KQEG	23	I	Yes	0	LA CROSSE WI CL A LOW PWR
KFXA.1	28.1	I-M	NO		CEDAR RAPIDS IA CHARGE TV
KFXA28.6	28.6	I-M	NO		CEDAR RAPIDS IA DABL
KWWL.3	7.3	I-M	No		WATERLOO IA METV
			•		

G

Primary
Transmitters:

FURIVI SASE, PAGE 3.					0./0==11.15.//	
LEGAL NAME OF OWN					SYSTEM ID# 62403	Name
					02403	
carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute program bas Substitute program bas Substitute program bas Substitute program bas Substitute program bas basis under specific FC • Do not list the station was carried • List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA wETA-simulcast).  Column 2: Give the lits community of licens on which your cable so Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement the cable system and	ERS: TELEVISION CALL TELEVISIO	ry television sethe accounting June 24, 19 (4), or 76.63 (ed in the next respect to an ations, or autility accelling in June 24, 19 (5), and the sace I, if the set cerning substance I, if the set in oncommercial page (v) of the set in column on during the ime basis becauting the set in column on during the ime basis becauting the set in or before J semitter or an acceptance in the set in or before J semitter or an acceptance in the second in the	g period except 981, permitting 1981, pe	in (1) stations carried the carriage of cere (61(e)(2) and (4))]; as carried by your the Special Stater (ed both on a substants, see page (v) on program service (ver-the-air design a column 1 (list early the television states (for network multion "E-M" (for non (for network multions located in "distant"), enter "Yetions located in the television state (for network multions located in "distant"), enter "Yetions located in the television state (for network multions located in the state (for network multions located in the state (for network multions) located in the television located i	es". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster	G Primary Transmitters: Television
					ted in the paper SA3 form ty to which the station is licensed by the	
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	ve the name of	the community wi	th which the station is identifed	
Note: If you are utilizing	ng multiple cha		•		h channel line-up.	
	1	CHANN	EL LINE-UP	LSN1	1	
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	
KSTP	5	N	Yes	0	ST PAUL MN ABC	
KMSP	9	I	Yes	0	MINNEAPOLIS MN FOX	,
KARE	11	N	Yes	0	MINNEAPOLIS MN NBC	
						,

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
ACE TELEPHO	NE ASSOC	IATION			62403	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	G, identify ever system during to ions in effect of 5.61(e)(2) and sis, as explaine	y television s the accountin n June 24, 19 (4), or 76.63 ed in the next	g period except 981, permitting (referring to 76. paragraph	t (1) stations carrion the carriage of ce 61(e)(2) and (4))];	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	<b>G</b> Primary  Transmitters:
basis under specifc F0	CC rules, regul	ations, or aut	horizations		cable system on a substitute progran	Television
station was carried • List the station here,	only on a subs and also in spa oformation cond	stitute basis ace I, if the st	ation was carrie	ed both on a subs	nent and Program Log)—if the titute basis and also on some othe of the general instructions located	
Column 1: List each multicast stream	ch station's call associated wit	h a station a	ccording to its o	ver-the-air design	es such as HBO, ESPN, etc. Identify ation. For example, report multi	
WETA-simulcast).  Column 2: Give the	e channel num	ber the FCC	has assigned to	the television sta	ch stream separately; for example ation for broadcasting over-the-air ir	
on which your cable sy	ystem carried t	he station			s may be different from the channe dependent station, or a noncommercia	
	cast), "E" (for n	oncommercia	al educational),	or "E-M" (for none	icast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form	
planation of local servi	ice area, see p	age (v) of the	general instruc	ctions located in th	es". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you	
carried the distant stat	ion on a part-ti	me basis bed	cause of lack of	activated channe	ntering "LAC" if your cable syster I capacity ty payment because it is the subjec	
of a written agreement the cable system and	t entered into o a primary trans	n or before J smitter or an a	une 30, 2009, b association repr	petween a cable s resenting the prim	ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe	
explanation of these the Column 6: Give the	nree categories e location of ea	s, see page (\ ach station. F	v) of the genera or U.S. stations	I instructions local, list the communi	ted in the paper SA3 form ty to which the station is licensed by the	
Note: If you are utilizing				•	th which the station is identifed h channel line-up.	
		CHANN	EL LINE-UP	RNS1,RNS2,I	RNS3,RNS4	
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	
KSTP	5	N	Yes	0	ST PAUL MN ABC	
KMSP	9	I	Yes	0	MINNEAPOLIS MN FOX	
KARE	11	N	Yes	0	MINNEAPOLIS MN NBC	

LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			STSTEWID#	Nama
ACE TELEPHO	NE ASSOC	62403	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
PRIMARY TRANSMITT In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program basis subasis under specific Fig. 10 not list the station station was carried to station was carried in the paper SA3 fig. 10 column 1: List each multicast stream cast stream as "WETA well as substitute on which your cable substitute on which your cable substitute of column 3: Indicate educational station, by (for independent multifor the meaning of the Column 5: If your cable system carried the distant state of a written agreement the cable system and	ERS: TELEVISION G, identify ever system during tions in effect of 6.61(e)(2) and usis, as explained Stations: With CC rules, regul in here in space I only on a substand also in spanformation conform. If the conform changed in associated with A-2". Simulcast use channel number see. For example system carried the in each case by entering the letters, see the conformation is outside in a part-tipe on a part-tipe on a part-tipe on a part-tipe on a distant tentered into a primary transfer.	ry television so the accounting June 24, 19 (4), or 76.63 and in the next respect to arrations, or aut ations, accell, if the station substitute basis accell, if the station are streams must be attention whether the setter "N" (for a concommercial page (v) of the accell setter "N" (so the accell setter setter "N" (so the accell setter setter setter setter setter setter setter "N" (so the accell setter setter setter setter setter setter set	ag period except 981, permitting (referring to 76. paragraph by distant station horizations: st it in space I (in tation was carried itute basis station report origination coording to its of station is a netwon has assigned to mannel 4 in Wast station is a netwon has assigned to has assign	t (1) stations carrithe carriage of ce 61(e)(2) and (4))] ans carried by your the Special Statel ed both on a subsons, see page (v) on program service over-the-air design a column 1 (list ease the television states thington, D.C. This york station, an interference of the television states and the television states are the television states are the television of "E-M" (for non uctions located in the television states are subject to a royal petween a cable stresenting the prime subject to prime the prime subject to a royal petween a cable stresenting the prime subject to a royal presenting the prime t	ns and low power television stations) ed only on a part-time basis under ortain network programs [sections]; and (2) certain stations carried on a reable system on a substitute progran ment and Program Log)—if the stitute basis and also on some othe of the general instructions located ces such as HBO, ESPN, etc. Identify nation. For example, report multi nich stream separately; for example ation for broadcasting over-the-air ir is may be different from the channe dependent station, or a noncommercia ticast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form Yes". If not, enter "No". For an ex he paper SA3 form 5, stating the basis on which you entering "LAC" if your cable syster all capacity Ity payment because it is the subject system or an association representin hary transmitter, enter the designa	G Primary Transmitters: Television
the cable system and tion "E" (exempt). For explanation of these t	a primary trans simulcasts, als hree categories	smitter or an a so enter "E". I s, see page (v	association repr f you carried the v) of the genera	resenting the prime channel on any Il instructions loca		
	Canadian station	ons, if any, gi	ve the name of	the community w	ith which the station is identifed	
	ı	CHANN	EL LINE-UP	CNS1,CNS2		
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	
KSTP	5	N	Yes	0	ST PAUL MN ABC	
WKBT	8	N	No		LA CROSSE WI CBS	
WKBT.2	8.2	I-M	No		LA CROSSE WI MYNET	
						ļ

FURIVI SASE, PAGE 3.					0\/07514 ID#	
ACE TELEPHO	SYSTEM ID# 62403	Name				
PRIMARY TRANSMITT						
In General: In space of carried by your cable of FCC rules and regulate 76.59(d)(2) and (4), 70 substitute program ba	G, identify ever system during ions in effect o 3.61(e)(2) and sis, as explaine	y television s the accountin n June 24, 19 (4), or 76.63 ed in the next	ng period except 981, permitting (referring to 76. t paragraph	t (1) stations carrie the carriage of ce 61(e)(2) and (4))];	es and low power television stations) ed only on a part-time basis under rtain network programs [sections and (2) certain stations carried on a cable system on a substitute progran	G Primary Transmitters: Television
basis under specific FC  Do not list the station station was carried  List the station here, basis. For further ir in the paper SA3 fc  Column 1: List eace each multicast stream cast stream as "WETA-Simulcast).  Column 2: Give th its community of licenson which your cable s  Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv  Column 5: If you h cable system carried the distant state For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	CC rules, regular here in space only on a substand also in spanformation conform.  ch station's call associated with associated with associated with associated with a carried to a carried to a carried to a carried to a carried to a carried to a carried to a carried to a carried to a carried to a carried to a carried to a carried to a carried to a carried to a carried to a primary transisticulars, also a carried into a carr	ations, or aut G—but do li- stitute basis ace I, if the si cerning subst sign. Do not th a station ac streams mus ber the FCC e, WRC is CI he station whether the se ter "N" (for in concommercial page (v) of the cert in column on during the multicast stream on or before J smitter or an ac so enter "E". I so, see page (v ach station. F ons, if any, gi	thorizations: st it in space I (to tation was carried itute basis station report originatic coording to its of st be reported in the assigned to the assigned	the Special Stater ed both on a subsons, see page (v) on program service exerthe-air design a column 1 (list early the station, D.C. This work station, an incertification of the television station, an incertification of "E-M" (for network multions located in "distant"), enter "yout on sold the column 5 riod. Indicate by e activated channe subject to a royal petween a cable service exempting the prime e channel on any of instructions located in the community with th	nent and Program Log)—if the titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example ation for broadcasting over-the-air ir is may be different from the channe dependent station, or a noncommercia dicast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form fes". If not, enter "No". For an ex the paper SA3 form is stating the basis on which you intering "LAC" if your cable syster I capacity ty payment because it is the subject system 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 identifed	
Note: If you are dunizh					n chairner inte-up.	<u> </u>  -
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	
KSTP	5	N	Yes	0	ST PAUL MN ABC	
WKBT	8	N	Yes	0	LA CROSSE WI CBS	
WKBT.2	8.2	I-M	Yes	O	LA CROSSE WI MYNET	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#				
ACE TELEPHO					62403	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable	system during	the accountin	g period excep	t (1) stations carri	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections	G			
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 progran basis under specific FCC rules, regulations, or authorizations:									
Do not list the station	n here in space	G—but do lis		the Special Stater	ment and Program Log)—if the				
	and also in spanformation cond	ace I, if the st			titute basis and also on some othe of the general instructions located				
					tes such as HBO, ESPN, etc. Identify				
			-	-	ation. For example, report multi ch stream separately; for example				
WETA-simulcast).			•	`	ation for broadcasting over-the-air ir				
on which your cable s	ystem carried t	he station			s may be different from the channe dependent station, or a noncommercia				
educational station, by (for independent multi For the meaning of the	entering the locast), "E" (for rese terms, see tation is outside	etter "N" (for r noncommercia page (v) of the the local ser	network), "N-M" al educational), ne general instr vice area, (i.e.	f (for network mult or "E-M" (for non- uctions located in "distant"), enter "\	icast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form /es". If not, enter "No". For an ex				
					, stating the basis on which you				
		-		•	ntering "LAC" if your cable syster				
carried the distant state For the retransmiss	•				r capacity Ity payment because it is the subjec				
of a written agreemen	t entered into c	n or before J	une 30, 2009, k	oetween a cable s	ystem or an association representin				
•			-		ary transmitter, enter the designa other basis, enter "O." For a furthe				
					ted in the paper SA3 form				
					ity to which the station is licensed by the				
Note: If you are utilizing				•	th which the station is identifed h channel line-up.				
,		CHANN	EL LINE-UP	•	<u>·</u>				
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)					
						,			
						,			

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name ACE TELEPHONE ASSOCIATION 62403 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FURM SASE. PAGE 5.						ACCOUNTING	PERIOD: 2021/2			
LEGAL NAME OF OWNER OF ACE TELEPHONE AS					S	YSTEM ID# 62403	Name			
SUBSTITUTE CARRIAG	F: SPECIA	N STATEME	NT AND PROGRAM I O	G						
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every nor	nnetwork televiseriod, under spe	sion program broadcast by a	a distant statio C rules, regu	lations, or authorizations	For a further	<b> </b> Substitute			
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
During the accounting per	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.										
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the prograic Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the molfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant sta egulations, o attion. Do no Lucy" or "NI m was broa sign of the adcast stati adant stati addant stati and an stati and the Example: a ter "R" if the and regulati rogramming	am on a separ attach addition onnetwork teletion and that your authorization to use general BA Basketball: dcast live, entration broadcon's location (from the first and the first appropriate program carries).	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", o 76ers vs. Bulls." er "Yes." Otherwise enter tasting the substitute program the community to which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for prog uring the accounting perio	program) the ed for the program instructor "basketbal" 'No." ram. e station is ide program. Ur cable syste :15 p.m. to 6 ramming thaid; enter the	at, during the accountin ogramming of another stions located in the pap I". List specific program censed by the FCC or, lentified).  se numerals, with the num. List the times accurates:228:30 p.m. should be tyour system was required.	g station er n in nonth ately				
	LIDOTITUT	T DDOODAN			EN SUBSTITUTE	7. REASON				
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCURRED 6. TIMES FROM — TO	FOR DELETION				
	100 01 110	O/ LEE OI OI V	1. CIAMON CECOAMON	7 II I B B T I	11.0111					
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					_					

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name ACE TELEPHONE ASSOCIATION 62403 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE FROM ТО **FROM** TO DATE

		F OWNER OF CABLE SYSTEM: EPHONE ASSOCIATION			SYSTEM ID# 62403	Name			
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)									
IMP	during t	he accounting period.  T: You must complete a statement in space P concerning gross receipts.		\$ (Amount of g	930,343.22 gross receipts)				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
bloc	k 3 belo								
3 be	elow.	ne DSE schedule was completed, the amount from line 7 of block C should be en							
	art 7 or p block 4 l	art 9, block B, of the DSE schedule was completed, the surcharge amount should below.	d be en	tered on li	ne				
	least the	JM FEE: All cable systems with semiannual gross receipts of \$527,600 or more as e minimum fee, regardless of whether they carried any distant stations. This fee is s gross receipts for the accounting period.			,				
		Enter the amount of gross receipts from space K Multiply the amount in line 1 by 0.01064		\$	930,343.22				
		Enter the result here. This is your minimum fee.	\$		9,898.85				
	space 0 "Yes" in • Did yo	IT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir 6. If, in space G, you identifed any stations as "distant" by stating "Yes" in column this block.  ur cable system carry any distant television stations during the accounting period s—Complete the DSE schedule.  No—Leave block 3 below blank and c	4, you !?	must chec	ck				
Block		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		\$	2,714.75				
3	Line 2.	<b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			9,362.92				
	Line 3.	Add lines 1 and 2 and enter here	\$		12,077.67				
Block 4	Line 1.	<b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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		\$	12,077.67	Cable systems			
	Line 2.	<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	submitting additional			
	Line 3.	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact			
	Line 4.	FILING FEE		\$	725.00	the Licensing additional fees. Division for the			
		ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. es 1, 2 and 3 of block 4 and enter total here	\$		12,802.67	appropriate form for submitting the			
		EFT Trace # or TRANSACTION ID # 26V2T0C9		]		additional fees.			
		Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (So general instructions located in the paper SA3 form and the Excel instructions take		. ,	ation.)				

ACCOUNTING PERIOD: 2021/2 FORM SA3E, PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ACE TELEPHONE ASSOCIATION  624								
	CHANNELS 624								
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels	1. Enter the total number of channels on which the cable 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								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Be Contacted for Further Information	Name CYNTHIA SWEET Telephone 507 896 6211								
	Address 207 E CEDAR, PO BOX 360 (Number, street, rural route, apartment, or suite number)								
	HOUSTON MN 55943 (City, town, state, zip)								
	Email csweet@acentek.net Fax (optional)								
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.								
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]								
	/s/ Michael Osborne								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.								
	Typed or printed name: MICHAEL OSBORNE								
	Title: CEO  (Title of official position held in corporation or partnership)								
	Date: February 23, 2022								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  ACE TELEPHONE ASSOCIATION  62403	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274  Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period  ID number	

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

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 10.

# 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 carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of 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 lead stations are not asymbol at all in commuting DCCs	

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 C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the 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 and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

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

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, 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, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(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 statior 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.

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

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

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

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.

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

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

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

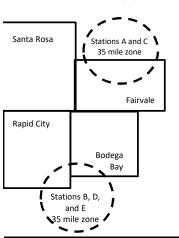
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE:**

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

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

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

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

DSE SCHEDULE. PAGE												
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#											
•	ACE TELEPHONE ASSOCIATION 62403											
	SUM OF DSEs OF CATEGORY "O" STATIONS:											
	<ul> <li>Add the DSEs of each station</li> </ul>											
	Enter the sum here and in line	1 of part 5 of this	schedule.		4.50							
_	Instructions:											
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column to											
	of space G (page 3).											
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
Category "O"	mercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CATEGORY O STATION	DSE	CALL SIGN	DSE						
Stations	KTCA	0.250	CALL SIGN	DOL	CALL SIGN	DOL						
	WCCO	0.250										
	KQEG	1.000										
	WKBT	0.250										
	WHLA	0.250 0.250										
Add rows as	L											
necessary.	KSTP	0.250										
Remember to copy all	KMSP	1.000										
formula into new	KARE	0.250										
rows.	KXLT	1.000										
						•						

Name	LEGAL NAME OF C									8	SYSTEM ID#
1401116	ACE TELEPH	HONE AS	SOCIATION	· 							62403
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-of	st the call si	ign of all dista station, give the with the infor station, give the figure in coluthe third decir independent self."	he number of mation given he total numburn 2 by the mal point. This station, give the lumn 4 by the	f hours you in space over of hou figure in its is the " the "type- e figure in	our cable syste J. Calculate o urs that the sta column 3, and basis of carriag value" as "1.0.	nly one DSE fo tion broadcast of give the result if ge value" for the " For each network	tation duril r each state over the aid in decimals e station. vork or nor	ng the accounting tion. ir during the acco s in column 4. Th ncommercial educ	unting period. is figure must cational station,	
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs										
	1. CALL SIGN		2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	3. NU OF ST/	MBER HOURS ATION AIR	4. BASIS C CARRIA VALUE	)F	5. TYPE VALUE	6. DS	SE
				÷			=		x	=	
				÷			= =		X		
				÷ ÷					x x		
				÷			=		X		
				÷			=		x x	=	
							=		x	=	
	SUM OF DSEs Add the DSEs of Enter the su	of each stat	tion.		chedule,				0.00		
Computation of DSEs for Substitute-Basis Stations	tions in effe • Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	I by your sy ect on October or more For each standard sta	stem in substoer 19, 1976 ( live, nonnetwood ation give the should corresumber of days igure in colum	itution for a p as shown by ork programs number of liv spond with the in the calen on 2 by the fig	orogram to the lette during the ve, nonne de information dar year:	hat your syster r "P" in column nat optional care etwork program ation in space I 365, except in blumn 3, and gi	n was permitted 7 of space I); a riage (as shown I ns carried in sub a leap year. ive the result in	d to delete and by the word ostitution for column 4.	under FCC rules  d "Yes" in column 2  or programs that  Round to no less	2 of were deleted	orm).
			SU	BSTITUTE	-BASIS	STATION	S: COMPUT	ATION (	OF DSEs		
	1. CALL SIGN	2. NUME OF PROG		3. NUME OF DA IN YEA	YS	4. DSE	1. CALL SIGN		NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷						÷		
			÷		=				÷		
			÷		=				÷		=
			÷		=				÷		
	SUM OF DSEs Add the DSEs of Enter the su	of each stat	TITUTE-BAS	IS STATION					0.00		
5	TOTAL NUMBE				e boxes i	n parts 2, 3, and	d 4 of this sched	ule and add	d them to provide	the total	
Total Number	1. Number of	f DSEs from	n part 2 ●					<b>-</b> _		4.50	
of DSEs	2. Number of	f DSEs from	n part 3 ●					<u> </u>		0.00	
	3. Number of	f DSEs from	n part 4 ●					<b>-</b>		0.00	
	TOTAL NUMBE	R OF DSEs	<b>S</b>						<u></u> ►[		4.50

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/2

	OWNER OF CABLE						S'	YSTEM ID# 62403	Name
In block A: • If your answer if schedule.	ck A must be com "Yes," leave the re	emainder of p	•	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
jou. dilonoi ii	, complete bit			TELEVISION M.	ARKETS				Computation of
effect on June 24, Yes—Com	m located wholly o , 1981? nplete part 8 of the plete blocks B and	schedule—[	,				•	gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fo he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carrivation of the first state of the fir	ales and regued pursuant to on as defined all educations of station (76.6 or DSE sched ant to individuations) restation with the station will be station will	lations cited boothe FCC mad in 76.5(kk) (7al station [76.565) (see paragule).  Lal waiver of Fed on a part-tirithin grade-B	76.59(d)(1), 76.61( 19(c), 76.61(d), 76. graph regarding su FCC rules (76.7) ne or substitute ba contour, [76.59(d)(	se in effect or 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g sis prior to Ju	n June 24, 198  n), 76.61(b)(c),  n) referring to 7  g to 76.61(d)]  randfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column		complete the v	vorksheet on page	Т	
SIGN KTCA	BASIS	0.25	1. CALL SIGN	BASIS	3. DSE	1. CALL SIGN	BASIS	3. DSE	 
WKBT		0.25							
WHLA		0.25							
WKBT.2		1.00							
KQEG		1.00							
	•	<u> </u>						2.75	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
ine 2: Enter the	e sum of permitte	d DSEs fror	n block B ab	ove			n <del>e</del>		
	line 2 from line 1 leave lines 4–7 b					rate.	n-		
ine 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply l	line 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted carriage?
ine 6: Enter tot	al number of DS	Es from line	3						If yes, see part 9 instructions.
ine 7: Multiply I	line 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)	)		0.00	

	OWNER OF CABLE							STEM ID# 62403	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS			2. PERMITTED BASIS	3. DSE	6
									Computation 3.75 Fee
								***************************************	
***************************************									
***************************************									
								***************************************	
								***************************************	
			<u> </u>			<u> </u>			

**ACCOUNTING PERIOD: 2021/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **ACE TELEPHONE ASSOCIATION** 62403 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  ACE TELEPHONE ASSOCIATION	SYSTEM ID# 62403	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	930,343.22	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is any	// portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE .	
	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.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE .	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	-		YSTEM ID# 62403
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here.  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	w
	• Did y	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS 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.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7) ▶\$	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.)	_
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1)	0.00

SE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/2

_EGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
ACE	TELEPHONE ASSOCIATION 62403	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
7	A. Enter 0.01064 of gross receipts (the amount in section 1)  **State of the image is a section	8
	B. Enter 0.00701 of gross receipts  (the amount in section 1)  **State Control of Gross receipts**  **The Control of Gros	Computation of
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶	
	F. Multiply line D by line E and enter here <b>&gt;</b>	
	G. Add lines A, C, and F. This is your base rate fee	
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$ 0.00	
shall in	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals istead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-Space G.	9
In Gen	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
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  7: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and
-	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	for Partially
must a	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
	dentify 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
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located at 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	
subscr	iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable is will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
subscr	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
• If:		
and 4	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.	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	

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

your actual calculations on the form.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62403 **ACE TELEPHONE ASSOCIATION** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						5	62403	Name
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EA		BER GROUP SUBSCRIBER GRO	UP	9 Computatio
COMMUNITY/ AREA	LEX1			COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTCA	0.25			KTCA	0.25			Base Rate Fe
								and Syndicated Exclusivity
								Surcharge for
								Partially Distant
		-						Stations
Total DSEs			0.25	Total DSEs			0.25	
Gross Receipts First G	roup	\$ 477	,453.72	Gross Receipts Se	cond Group	\$	55,782.63	
<b>Base Rate Fee</b> First G	roup	ş 1	,270.03	Base Rate Fee Se	cond Group	\$	148.38	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	REX1			COMMUNITY/ ARE	A REX2			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTCA	0.25			WCCO	0.25 0.25			
Γotal DSEs			0.25	Total DSEs			0.50	
Gross Receipts Third G	Group	\$ 194	,190.90	Gross Receipts Fo	urth Group	\$	9,293.71	
Base Rate Fee Third G	Group	\$	516.55	Base Rate Fee For	urth Group	\$	49.44	
		e fees for each subsc	riber group	as shown in the box	es above.		2 744 75	
Enter here and in block	3, line 1, s	space L (page 7)				\$	2,714.75	

Name	62403					ATION	ASSOCI	ACE TELEPHONE
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
_	JP	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GROU	FIFTH	
9 Computa			REX4	COMMUNITY/ AREA			REX3	COMMUNITY/ AREA
of	CALL SIGN DSE		DSE	CALL SIGN DSE		CALL SIGN DSE		CALL SIGN
Base Rate			0.25	KTCA			0.25	KTCA
and								
Syndicat								
Exclusiv						-		
Surcharg								
for	·····							
Partially								
Distant								
Stations								
	1110							
			l.				l L	
	N 25			Total DSEs	0.25			otal DSEs
	0.25			II	633.31	\$ 1,	oup	Gross Receipts First Gr
	4,637.94	\$	Group	Gross Receipts Secon				
		\$	Group	Gross Receipts Secon				
		\$		Base Rate Fee Second	4.34	\$	oup	<b>Base Rate Fee</b> First Gr
	12.34		Group		4.34	\$ SUBSCRIBER GROU		
	12.34	\$	Group EIGHTH S		4.34			S
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1	S COMMUNITY/ AREA
	12.34	\$	Group EIGHTH S	Base Rate Fee Second	4.34		EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	COMMUNITY/ AREA
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	S COMMUNITY/ AREA CALL SIGN
	<b>4,637.94 12.34</b> JP	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA	<b>4.34</b> JP	SUBSCRIBER GROU	EVENTH CEX1 DSE	SOMMUNITY/ AREA
	4,637.94  12.34  JP  DSE	\$ SUBSCRIBER GROU	Group EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	JP DSE	SUBSCRIBER GROU	EVENTH CEX1 DSE	COMMUNITY/ AREA  CALL SIGN  (QEG
	4,637.94  12.34  DSE  0.00	SUBSCRIBER GROU	Group EIGHTH S DSE  DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN  Total DSEs	4.34  JP  DSE  1.00	CALL SIGN	DSE 1.00	CALL SIGN  (QEG
	4,637.94  12.34  JP  DSE	SUBSCRIBER GROU	Group EIGHTH S DSE  DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	JP DSE	CALL SIGN	DSE 1.00	S COMMUNITY/ AREA CALL SIGN

LEGAL NAME OF OWNE							62403	Name
Bl	OCK A: C	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	NINTH	SUBSCRIBER GRO	UP		TENTH	I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	CEX3			COMMUNITY/ AREA	CEX5			9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
KQEG	1.00							and
								Syndicate
								Exclusivi
								Surcharg
								for
		-						Partially
	<u></u>	-	···					Distant
								Stations
								Otations
		-						
		-						
	<u> </u>							
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts First G	roup	. 15	5,651.83	Gross Receipts Seco	nd Croup	•	56,678.55	
Bioss Receipts Filst G	Toup	\$ 15	5,051.05	Gloss Receipts Seco	na Group	\$	30,070.33	
Base Rate Fee First G	roup	\$	166.54	Base Rate Fee Seco	nd Group	\$	0.00	
F	LEVENTU	CLIBCODIDED CDC	NID.		T\\/\(\(\)\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\	L SUBSCRIPER CRO	LID.	
		SUBSCRIBER GRO	JUP			SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	LNS1			COMMUNITY/ AREA	RNS1			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
	<u> </u>							
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$</u> 31	,939.49	Gross Receipts Fourt	h Group	\$	7,508.05	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	<b>5</b> up	Ψ	0.00		<b>.</b>	<u> </u> *	3.00	
	. haaa rat	a face for each subs	criber group	as shown in the bayes	abaya			
Base Rate Fee: Add the Inter here and in block			scriber group	as shown in the boxes	above.	•		

	62403	S				ATION	R OF CABL	ACE TELEPHONE
Q Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	JP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EAG		COMPUTATION OF		
			RNS3	COMMUNITY/ ARE			RNS2	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							0.25	KSTP
							1.00 0.25	KMSP KARE
for								
Distant								
Stations							-	
	0.00	•	nd Croup	Total DSEs  Gross Receipts Sec	1.50 495.00	•	coup	Total DSEs Gross Receipts First Gr
	0.00	\$	ia Group	Gross Receipts Sec	495.00	\$	oup	31088 Receipts Filst Gi
	0.00	\$	nd Group	Base Rate Fee Sec	7.00	\$	oup	Base Rate Fee First Gr
	<u>_</u>	SUBSCRIBER GROU		Base Rate Fee Sec		\$ SUBSCRIBER GRO		
	<u>_</u>		IXTEENTH	COMMUNITY/ ARE		L		FIF
	<u>_</u>		IXTEENTH			L	TEENTH	Base Rate Fee First Gr FIF COMMUNITY/ AREA CALL SIGN
	JP	SUBSCRIBER GROU	CNS1  DSE 0.25	COMMUNITY/ ARE  CALL SIGN  KSTP	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE 0.25	COMMUNITY/ ARE  CALL SIGN  KSTP	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	FIF
	JP	SUBSCRIBER GROU	CNS1  DSE  0.25  0.25	COMMUNITY/ ARE  CALL SIGN  KSTP  WKBT	UP	SUBSCRIBER GRO	RNS4	CALL SIGN
	JP DSE	SUBSCRIBER GROU	DSE 0.25 1.00	CALL SIGN KSTP WKBT WKBT.2	DSE	CALL SIGN	DSE	FIF

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ACE TELEPHONE ASSOCIATION  62403							
	IP .	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GRO		
9 Computati	REA CNS2 COMMUNITY/ AREA CNS3					COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate and Syndicate			0.25 0.25 1.00	KSTP WKBT WKBT.2				
Exclusivi Surcharg			-					
for Partially Distant								
Stations			-					
			-					
	1.50		<u>                                     </u>	Total DSEs	0.00			Total DSEs
	405.59	\$	d Group	Gross Receipts Secon	,460.97	<u>\$ 1</u>	roup	Gross Receipts First Gr
	5.74	\$	l Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	1P 0	SUBSCRIBER GROU	ENTIETH S	TV COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GRO	NTEENTH	NIN COMMUNITY/ AREA
		I				I	T = 0 = 1	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
						-		
			ıI l				<u></u>	
			-					
	0.00_			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNER OF CABLE SYSTEM:  ACE TELEPHONE ASSOCIATION  62403								Name
				TE FEES FOR EAC				
TWENTY COMMUNITY/ AREA	-FIRST	SUBSCRIBER GRO	JP <b>0</b>	COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	9
,								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate F
						-		Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs 0.00								
Gross Receipts First Grou	ab	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENTY	-THIRD	SUBSCRIBER GRO	JP	TWEN	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	up	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
,2 3.0	•				r			
Base Rate Fee Third Gro	up	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
		e fees for each subso	riber group	as shown in the boxe	s above.	•		

RI	OCK A· (	COMPUTATION OF	BASF RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP	+	
D.		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA	MUNITY/ AREA LEX1			COMMUNITY/ ARE	A LEX2			9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
wcco	0.25			wcco	0.25			Base Rate
								and
								Syndicate
								Exclusivi Surcharg
								for
		-						Partially
								Distant
								Stations
Total DSEs			0.25	Total DSEs			0.25	
Gross Receipts First G	OUD	\$ 477.	453.72	Gross Receipts Sec	ond Group	\$	55,782.63	
Stood Rodelpto I met el	оцр	<u> </u>		Cross resolpts cos	ona Oroup	<u> </u>		
Base Rate Fee First G	oup	\$ 4,	476.13	Base Rate Fee Sec	ond Group	\$	522.96	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	REX1			COMMUNITY/ ARE	A REX2			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WCCO	0.25	67 ILL 61611	202	07.22 0.011	302	57 IZZ 51511	302	
		-						
		-						
		-						
			•					
Total DSEs			0.25	Total DSEs			0.00	
	Froup	s 194			rth Group		•	
	roup	\$ 194	0.25	Total DSEs Gross Receipts Fou	rth Group	\$	0.00 9,293.71	
Total DSEs Gross Receipts Third G					·	\$	•	

				TE EEEO EOD EAOL				
	ID	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROUND COMPUTATION OF COM		BL
9 Computat	J1			COMMUNITY/ AREA			COMMUNITY/ AREA	
of	CALL SIGN DSE CALL SIGN DSE			DSE	DSE CALL SIGN DSE			
Base Rate		0.122.2.0.1	1.00	KQEG		0.122.2.0.1	1.00	CALL SIGN KQEG
and			0.25	wcco			0.25	wcco
Syndicate								
Exclusivi								
Surcharg								
for			_			-		
Partially								
Distant								
Stations								
						-		
							·	
	1.25			Total DSEs	1.25		1	otal DSEs
		\$	d Croup		Gross Receipts First Group \$ 1,633.31			
	4,637.94	<u>*</u>	u Group	Gross Receipts Secor		Ψ 1,	oup	Bioss Receipts First Gr
	4,637.94	<u>*</u>	u Group	Gross Receipts Secor		,	oup	Bioss Receipts Filst Gi
	217.40	\$		Base Rate Fee Secon	76.56	\$		
	217.40		d Group		76.56		oup	<b>Base Rate Fee</b> First Gr
	217.40	\$	d Group		76.56	\$	oup	<b>3ase Rate Fee</b> First Gr
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	217.40	\$	d Group	Base Rate Fee Secon	76.56	\$	oup SEVENTH :	Base Rate Fee First Gr
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	Base Rate Fee First Gr S COMMUNITY/ AREA
	<b>217.40</b> JP	\$ SUBSCRIBER GROU	d Group  EIGHTH S  CEX2	Base Rate Fee Secon	<b>76.56</b>	\$ SUBSCRIBER GROU	OUP  SEVENTH:  CEX1	CALL SIGN
	217.40  JP  DSE  0.00	SUBSCRIBER GROU	DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN  Total DSEs	76.56  JP  DSE  0.00	SUBSCRIBER GROU	DSE	Sase Rate Fee First Gr SCOMMUNITY/ AREA CALL SIGN  Cotal DSEs
	217.40  JP  DSE	SUBSCRIBER GROU	DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN	76.56  JP  DSE	SUBSCRIBER GROU	DSE	Base Rate Fee First Gr S COMMUNITY/ AREA

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE							62403	Name
BL	OCK A: 0	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	NINTH SUBSCRIBER GROUP				TENTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	CEX3			COMMUNITY/ ARE	A CEX5			9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGIN	DOL	CALL GIOIN	DOL	OALL GIGIT	DOL	CALL SIGN	DOL	Base Rate
								and
								Syndicat
								Exclusiv
								Surchar
								for
								Partially
								Distant
		-						Stations
								Otation
		l	0.00	Tatal DOFa		1	0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$ 15	5,651.83	Gross Receipts Sec	ond Group	\$	56,678.55	
							1	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
El	LEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	LNS1			COMMUNITY/ AREA				
OWWONIT I/ AREA	LNOI			COMMONT T/ AREA	A IXIVOI			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
STP	0.25			KSTP	0.25			
(MSP	1.00	-		KMSP	1.00			
(ARE	0.25			KARE	0.25			
MANL	0.23			MAKE	0.23			
						_		
		-						
otal DSEs			1.50	Total DSEs			1.50	
B			_			_	-	
Gross Receipts Third G	roup	\$ 3'	1,939.49	Gross Receipts Fou	πn Group	\$	7,508.05	
Base Rate Fee Third G	Group	  \$	1,796.60	Base Rate Fee Four	th Group	\$	422.33	
		<u> </u>	.,. 55.55			<u> </u>	.22.00	
				Ш				
Data Fac. A 177	- he '			an abayon in C				
ase Rate Fee: Add th			scriber group	as shown in the boxe	s above.	•		
nter here and in block	2 1: 4							

62403	TEEC FOR EACH OURSE	DACE D	CAADI ITATION CT	001/ 1 1	
E RATE FEES FOR EACH SUBSCRIBER GROUP  FOURTEENTH SUBSCRIBER GROUP			SUBSCRIBER GROU		
COMMUNITY/ AREA RNS3	RNS2		COMMUNITY/ AREA		
	CALL SIGN DSE CALL SIGN DSE			DSE	CALL SIGN
KSTP 0.25			CALL SIGN		
KMSP 1.00	MSP 1.00				
KARE   0.25	ARE 0.25				
			-		
			-		
00 Total DSEs	otal DSEs	0.00			Total DSEs
	ross Receipts Second Group	495.00	\$	oup	Gross Receipts First Gr
OD Gross Receipts Second Group \$ 0.00					
Gross Receipts Second Group \$ 0.00					
Base Rate Fee Second Group \$ 0.00			\$		
			\$ SUBSCRIBER GROU		
Base Rate Fee Second Group \$ 0.00	SIXTEENTH				FIF
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1			TEENTH	FIF
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	TEENTH RNS4	FIF COMMUNITY/ AREA CALL SIGN
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	RNS4	FIF COMMUNITY/ AREA  CALL SIGN KSTP KMSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	RNS4  DSE  0.25	FIF COMMUNITY/ AREA  CALL SIGN KSTP KMSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	DSE 0.25 1.00	FIF COMMUNITY/ AREA  CALL SIGN KSTP KMSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	DSE 0.25 1.00	FIF COMMUNITY/ AREA  CALL SIGN KSTP KMSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	DSE 0.25 1.00	FIF COMMUNITY/ AREA  CALL SIGN  (STP  (MSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	DSE 0.25 1.00	FIF COMMUNITY/ AREA  CALL SIGN (STP (MSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	DSE 0.25 1.00	FIF COMMUNITY/ AREA  CALL SIGN (STP (MSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	DSE 0.25 1.00	FIF COMMUNITY/ AREA  CALL SIGN  (STP  (MSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	DSE 0.25 1.00	FIF COMMUNITY/ AREA  CALL SIGN  (STP  (MSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	DSE 0.25 1.00	FIF COMMUNITY/ AREA  CALL SIGN KSTP KMSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	DSE 0.25 1.00	COMMUNITY/ AREA
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1	SIXTEENTI OMMUNITY/ AREA CNS1	JP	SUBSCRIBER GROU	DSE 0.25 1.00	FIF COMMUNITY/ AREA  CALL SIGN KSTP KMSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1  SE CALL SIGN DSE CALL SIGN DSE	SIXTEENTH OMMUNITY/ AREA CNS1  CALL SIGN DSE	JP	SUBSCRIBER GROU	DSE 0.25 1.00	FIF COMMUNITY/ AREA  CALL SIGN  (STP  (MSP
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1  SE CALL SIGN DSE CALL SIGN DSE  Total DSES  0.00	SIXTEENTH OMMUNITY/ AREA CNS1  CALL SIGN DSE  Data DSE	DSE	CALL SIGN	DSE 0.25 1.00 0.25	CALL SIGN (STP (MSP (ARE
Base Rate Fee Second Group \$ 0.00  SIXTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA CNS1  SE CALL SIGN DSE CALL SIGN DSE  Total DSES  0.00	SIXTEENTH OMMUNITY/ AREA CNS1  CALL SIGN DSE  Data DSE	JP DSE	CALL SIGN	DSE 0.25 1.00 0.25	CALL SIGN  (STP  (MSP  (ARE

## Nonpermitted 3.75 Stations

Name	STEM ID# 62403	0.				ATION	ASSOCI	ACE TELEPHONE
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
_	Р	SUBSCRIBER GROU	HTEENTH	EIG	JP	SUBSCRIBER GROU	ITEENTH	SEVEN
<b>9</b> Computat			CNS3	COMMUNITY/ AREA			CNS2	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							0.25	KSTP
and							-	
Syndicate						-		
_						-		
Exclusivi								
Surcharg								
for						-		
Partially								
Distant								
Stations								
							-	
							ļ	
	0.00			Total DSEs	0.25			Total DSEs
		-						
					460.97	• 1	OLID	Bross Receipts First Gr
	405.59	\$	d Group	Gross Receipts Second	400.01	\$ 1,	oup	order recorpto i met er
		\$ \$		Gross Receipts Second  Base Rate Fee Second	13.70	\$		
	0.00	\$	l Group	Base Rate Fee Second	13.70	\$	oup	<b>3ase Rate Fee</b> First Gr
	<b>405.59 0.00</b>		l Group	Base Rate Fee Second	<b>13.70</b>		oup	Base Rate Fee First Gr
	0.00	\$	l Group	Base Rate Fee Second	13.70	\$	oup	Base Rate Fee First Gr
	<b>405.59 0.00</b>	\$	l Group	Base Rate Fee Second	<b>13.70</b>	\$	oup	Base Rate Fee First Gr
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	0.00    DSE	\$ SUBSCRIBER GROU	d Group  /ENTIETH  DSE	TW COMMUNITY/ AREA  CALL SIGN  Total DSEs	13.70  JP  O  DSE  0 0.00	\$ SUBSCRIBER GROU	DSE	NIN COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
	0.00    DSE	\$ SUBSCRIBER GROU	d Group  /ENTIETH  DSE	Base Rate Fee Second TW COMMUNITY/ AREA CALL SIGN	13.70  JP  O  DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee First Gr NIN COMMUNITY/ AREA

LEGAL NAME OF OWI			-			S	62403	Name
	BLOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
TWE	NTY-FIRST	SUBSCRIBER GROU	JP	TWEN	TY-SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0			0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		<u>-</u>						Syndicated
		-						Exclusivity
		<u>-</u>						Surcharge
								for
								Partially
								Distant
		-						Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GROU	JP	TWEN	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in blo	the <b>base ra</b> tck 3, line 1,	te fees for each subsc space L (page 7)	riber group	as shown in the boxe	s above.	\$		

## Nonpermitted 3.75 Stations

CALL SIGN DES CALL SIGN DES CALL SIGN DES Base   Save   Sa	LEGAL NAME OF OWNER OF ACE TELEPHONE AS						S	YSTEM ID# 62403	Name
COMMUNITY/ AREA					TIT.				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Save Service S		FIFTH SU	JBSCRIBER GROU		ii .	NTY-SIXTH	SUBSCRIBER GROU		9
CALL SIGN   DSE   CALL SIGN	JOMMUNITY/ AREA			U	COMMUNITY/ AREA			U	Computat
Total DSEs  Gross Receipts First Group  Base Rate Fee First Group  Total DSEs  O.00  Gross Receipts First Group  Sase Rate Fee Second Group  TWENTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCMMUNITY/ AREA  OC	CALL SIGN C	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Symbol State Section of Columbia State Section of Columbia State Section of Columbia State Section of Columbia State Section of Columbia State Section of Columbia State Section of Columbia State Section of Columbia State Section of Columbia State Section of Columbia									Base Rate
Total DSEs  O.00 Gross Receipts First Group  TWENTY-SEVENTH SUBSCRIBER GROUP  CALL SIGN  DSE									and
Fotal DSEs  Gross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee Second Group  TWENTY-SEVENTH SUBSCRIBER GROUP  CALL SIGN  DSE									Syndicate
Page Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-RECEIPTH SUBSCRIBER GROUP TWENTY-AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL									Exclusivi
Pau Dit Start Start Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts First Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Fourth Group S 0.00 Gross Receipts Four									Surcharg for
State DSEs  Outed									Partially
otal DSEs									Distant
Gross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  TWENTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  COMMUNITY/									Stations
Scross Receipts First Group \$ 0.00   Base Rate Fee Second Group \$ 0.00    TWENTY-SEVENTH SUBSCRIBER GROUP   TWENTY-EIGHTH SUBSCRIBER GROUP    COMMUNITY/ AREA   0   COMMUNITY/ AREA   0    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    Cotal DSEs   0.00    Gross Receipts Third Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00									
Scross Receipts First Group \$ 0.00   Base Rate Fee Second Group \$ 0.00    TWENTY-SEVENTH SUBSCRIBER GROUP   TWENTY-EIGHTH SUBSCRIBER GROUP    COMMUNITY/ AREA   0   COMMUNITY/ AREA   0    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    Cotal DSEs   0.00    Gross Receipts Third Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00									
Gross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee Second Group  TWENTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCOMMUNITY/ AREA  OCOMU									
Gross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee Second Group  TWENTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCOMMUNITY/ AREA  OCOMU									
Gross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  TWENTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  COMMUNI									
Scross Receipts First Group \$ 0.00   Base Rate Fee Second Group \$ 0.00    TWENTY-SEVENTH SUBSCRIBER GROUP   TWENTY-EIGHTH SUBSCRIBER GROUP    COMMUNITY/ AREA   0   COMMUNITY/ AREA   0    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    Cotal DSEs   0.00    Gross Receipts Third Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00    Gross Receipts Fourth Group \$ 0.00	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee First Group  TWENTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE		_							
TWENTY-SEVENTH SUBSCRIBER GROUP  OMMUNITY/AREA  O  COMMUNITY/AREA  O  CALL SIGN  DSE  CALL SIG	iross Receipts First Group	\$		0.00	Gross Receipts Secon	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CA	ase Rate Fee First Group	\$		0.00	Base Rate Fee Secon	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN D	TWENTY-SEVE	ENTH SU	JBSCRIBER GROU	JP	TWENT	Y-EIGHTH	SUBSCRIBER GROU	JP	
Total DSEs  O.00  Gross Receipts Third Group  South Control of the control of the	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00							<del>   </del>		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00						<u> </u>			
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
	otal DSEs			0.00	Total DSEs			0.00	
	Gross Receipts Third Group	> <u>\$</u>		0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00   Base Rate Fee Fourth Group \$ 0.00				0.00	Base Rate Fee Fourth	n Group	s	0.00	
	Base Rate Fee Third Group	5 \$		0.00				0.00	

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	ACE TELEPHONE ASSOCIATION	62403						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9	If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	· · · · · · · · · · · · · · · · · · ·						
Computation of Base Rate Fee and Syndicated Exclusivity	□ First 50 major television market □ Second 50 major television market  INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as							
Surcharge for Partially Distant Stations	Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.	of DSEs used to compute the surcharge.						
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs.  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown						

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	ACE TELEPHONE ASSOCIATION	62403						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge	□ First 50 major television market □ Second 50 major television market  INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.							
for Partially Distant Stations	Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the	of DSEs used to compute the surcharge.						
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown						

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	ACE TELEPHONE ASSOCIATION	62403					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation	☐ First 50 major television market	Second 50 major television market					
of Base Rate Fee	INSTRUCTIONS:						
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial VHF Grade B contour stations listed in block A, part 9 of					
Syndicated	this schedule.						
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group						
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of						
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.	formula outlined in block D, section 3 or 4 of part 7 of this gures applicable to the particular group. You do not need to show					
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
	and enter here. This is the	and enter here. This is the					
	total number of DSEs for	total number of DSEs for					
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY					
	SURCHARGE	SURCHARGE					
	First Group	Second Group					
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the					
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group					
	subject to the surcharge	subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY					
	SURCHARGE	SURCHARGE					
	Third Group	Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for or in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown					

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name ACE TELEPHONE ASSOCIATION 62403 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market of Base Rate Fee INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . First Group . . . . . . . . . . . . . . . . FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown \$\_\_\_\_\_

FORM SA3E. PAGE 20.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	ACE TELEPHONE ASSOCIATION 624			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:			
Computation of	☐ First 50 major television market ☐ Second 50 major television market			
Base Rate Fee	☐ First 50 major television market ☐ Second 50 major television market  INSTRUCTIONS:			
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of			
Syndicated Exclusivity Surcharge for	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.			
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the	L: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show		
	SEVENTEENTH SUBSCRIBER GROUP	EIGHTEENTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$		
	NINEENTH SUBSCRIBER GROUP	TWENTYTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE		
	Third Group	Fourth Group		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)			

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTE		
Name	ACE TELEPHONE ASSOCIATION 6240		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation			
of Base Rate Fee	First 50 major television market  INSTRUCTIONS:	Second 50 major television market	
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of		
Syndicated	this schedule.		
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.		
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.		
Partially	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this		
Distant Stations	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.		
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	TWENTY-FIRST SUBSCRIBER GROUP	TWENTY-SECOND SUBSCRIBER GROUP	
	TWENTT-TINGT GUBGCNIBER GROUP	TWENTT-SECOND SOBSCINDER GROOP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the	
	total number of DSEs for	total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge computation	subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY	
	SURCHARGE	SURCHARGE	
	First Group	Second Group	
	TWENTY-THIRD SUBSCRIBER GROUP	TWENTY-FOURTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1	
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge	subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY	
	SURCHARGE Third Group \$	SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		