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			
225-22	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	2021/2							
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Volunteer Wireless, LLC							
				06241420212				
				062414 2021/2				
	P.O. Box 670 McMinnville, TN 37111							
С	INSTRUCTIONS: In line 1, give any business or trade names used to id							
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	n in space B.				
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on page 1b				
Area	with all communities.	T						
Served	CITY OR TOWN	STATE						
First Community	McMinnville	TN						
,	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S _l	ch LINE UP	SUB GRP#				
	Alda	MD	A	1				
Sample	Alliance	MD	В	2				
	Gering	MD	В	3				

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

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062414 Volunteer Wireless, LLC 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. CH LINE UP SUB GRP# CITY OR TOWN STATE **McMinnville** TN В 6 **First** 8 **Altamont** ΤN С Community **Beech Grove** TN В 5 **Beersheba Springs** TN C 8 **Bethany** ΤN В 6 В **Bon Air** TN 4 See instructions for В **Bone Cave** TN additional information on alphabetization. TN В Campaign В Cassville TN 4 Centertown ΤN В C 2 Coalmont TN Add rows as necessary. Crossville ΤN Α 3 Derossett ΤN В 4 **Dibrell** TN В 1 **Doyle** TN В 4 Gruetli-Laager ΤN C 2 **Hiawassee** TN В 1 Hillsboro ΤN В 5 Manchester В ΤN 5 C Monteagle-Grundy Co. TN 9 C Monteagle-Marion Co. TN 9 В 1 TN Morrison ΤN Quebeck В 4 2 Palmer ΤN C Pelham ΤN C 8 В Ravenscroft TN 4 В **Rock Island** TN 1 TN В **Smartt** В **Sparta** TN 4 TN В **Spencer** 2 C **Tracy City** TN Viola TN В 6 Walling ΤN В 4 3 **Fairfield Glade** TN Α TN Sewanee В 10

 ·	 	
 -	 	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Volunteer Wireless, LLC

SYSTEM ID# 062414

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	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	F	RATE
Residential:			Service to first set-Rate 2	1,807	\$	48.45
Service to first set	7,959	\$ 44.45	Roku-1	178	\$	24.95
 Service to additional set(s) 	2,765	\$ 4.95	Roku-2	24	\$	29.95
 FM radio (if separate rate) 			HD/DVR Box	983	\$	4.95
Motel, hotel			HD Box	1,974	\$	9.95
Commercial			DVR/Whole Home DVR	213	\$	11.95
Converter			HD Box/Whole Home DVR	697	\$	14.95
Residential						
Non-residential						
		l		1	1	

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 1					BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE	F	RATE
Continuing Services:		Installation: Non-residential					
Pay cable		 Motel, hotel 			Cinemax	\$	9.95
 Pay cable—add'l channel 		Commercial			НВО	\$	17.95
Fire protection		Pay cable			HBO/Cinemax	\$	25.95
Burglar protection		Pay cable-add'l channel			HBO/Cinemax/Strz/Encr \$		34.95
Installation: Residential		Fire protection			Showtime/Cinemax/HBO	\$	39.95
• First set		 Burglar protection 			Showtime/Flix/TMC	\$	10.99
Additional set(s)		Other services:			Starz/Encore	\$	11.95
• FM radio (if separate rate)		• Reconnect	\$	30.00	Starz/Encore/Showtime	\$	23.95
Converter		Disconnect			HBO/Cmax/Showtime/		
		Outlet relocation	\$	70.00	Starz/Encore	\$	49.95
		 Move to new address 	\$	55.00	Variety Tier	\$	6.95
					Hispanic Tier	\$	4.95

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Namo
Volunteer Wire	eless, LLC				062414	
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba	system during the system during the system during the system (6.61(e)(2) and (asis, as explaine stations: With the system of the	he accounting n June 24, 19 4), or 76.63 (d in the next respect to any	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations	(1) stations carrience carriage of certal (4))];	s and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
Do not list the station station was carried List the station here basis. For further in the paper SA3 find Column 1: List ea each multicast stream cast stream as "WET. WETA-simulcast). Column 2: Give the its community of licen on which your cables Column 3: Indicated educational station, be (for independent multifor the meaning of the Column 4: If the splanation of local services are column 5: If you in cable system carried carried the distant staten for the retransmis	In here in space of only on a substantial and also in spainformation concorm. In associated with the concording associated	G—but do lis titute basis. ace I, if the staterning substitute basis. ace I, if the staterning substitute basis. Sign. Do not the a station ac streams must be the FCC It is, WRC is Chape station. Whether the stater "N" (for noncommercia page (v) of the the local seriage (v) of the serial in column on during the me basis becaute in multicast streams.	ation was carried tute basis station report origination coording to its own to be reported in mass assigned to annel 4 in Wash tation is a network etwork), "N-M" (all educational), or e general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area (i.e. "or general instructive accounting period ause of lack of a geam that is not sune 30, 2009, because of 1000 to	d both on a substins, see page (v) on program service ver-the-air designation of the television startington, D.C. This bork station, an indefor network multipor "E-M" (for noncotions located in the distant"), enter "Ytions located in the mplete column 5, od. Indicate by enactivated by the subject to a royaltetween a cable sy	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing	
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM SYSTEM ID# Name Volunteer Wireless, LLC 062414 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 a **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 specifc 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 other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. OLIANDEL LINE UD D

CHANNEL LINE-UP B				Coffee, Franklin, Warren, White & VanBuren Countie			
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		
WCTE-DT	22	E-M	Yes	О	Cookeville, TN		
WCTE-HD	22.1	E	Yes	E	Cookeville, TN		
WKRN-DT	27	N-M			Nashville, TN		
WKRN-HD	27.1	N			Nashville, TN		
WNAB-DT	23	I-M			Nashville, TN		
WNAB-HD	23.1	I			Nashville, TN		
WNPT-DT	8	E-M	Yes	0	Nashville, TN		
WNPT-HD	8.1	Е	Yes	E	Nashville, TN		
WSMV-DT	10	N-M			Nashville, TN		
WSMV-HD	10.1	N			Nashville, TN		
WSMV-DT3	10.3	I-M			Nashville, TN		
WTVF-DT	5	N-M			Nashville, TN		
WTVF-HD	5.1	N			Nashville, TN		
WTVF-DT3	5.3	I-M			Nashville, TN		
WUXP-DT	21	I-M			Nashville, TN		
WUXP-HD	21.1	ı			Nashville, TN		
WZTV-DT	15	I-M			Nashville, TN		
WZTV-HD	15.1	ı			Nashville, TN		
WTVF-DT2	5.2	N-M			Nashville, TN		
WKRN-DT2	27.2	I-M			Nashville, TN		
WKRN-DT3	27.3	I-M			Nashville, TN		
WKRN-DT4	27.4	I-M			Nashville, TN		
WSMV-DT2	10.2	I-M			Nashville, TN		
WJFB	44	I			Nashville, TN		
WNPX	28	ı			Nashville, TN		

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

Nashville, TN

Nashville, TN

WNPX.3

WZTV.2

28.3

15.2

I-M

I-M

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062414 Volunteer Wireless, LLC 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 Primary 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television asis under specifc 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 other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP C-Grundy & Marion Counties 1. CALL 2. B'CAST 5. BASIS OF 3. TYPE 4. DISTANT? 6. LOCATION OF STATION SIGN CHANNEL (Yes or No) CARRIAGE NUMBER STATION (If Distant) WCTE-DT** 22 E-M Yes 0 Cookeville, TN WCTE-HD** 22.1 Ε Yes Ε Cookeville, TN WNAB-DT*** 23 I-M Yes 0 Nashville, TN WNAB-HD*** 23.1 Ε Nashville, TN ı Yes WNPT-DT** 8 E-M 0 Yes Nashville, TN WNPT-HD** 8.1 Е Yes Ε Nashville, TN WSMV-DT* 10 N-M Yes 0 Nashville, TN WSMV-HD* 10.1 Ν Yes Ε Nashville, TN WSMV-DT3* 10.3 I-M Yes 0 Nashville, TN WTVF-DT* 5 N-M Yes 0 Nashville, TN WTVF-HD* 5.1 Ν Yes Ε Nashville, TN WUXP-DT** 21 I-M Yes 0 Nashville, TN WUXP-HD** 21.1 Yes Nashville, TN ı Chattanooga, TN WDEF-DT 12 Ν 12.1 WDEF-HD Ν Chattanooga, TN WDEF-DT2 12.2 N-M Chattanooga, TN WDEF-DT3 12.3 N-M Chattanooga, TN WDEF-DT4 12.4 I-M Chattanooga, TN **WRCB** Chattanooga, TN 13 Ν WRCB-HD 13.1 Ν Chattanooga, TN WTVC-DT N Chattanooga, TN 9 Chattanooga, TN WTVC-HD 9.1 N-M WTVC-DT2 9.2 I-M Chattanooga, TN WTVC-HD2 9.3 I-M Chattanooga, TN

*DISTANT IN MARION COUNTY ONLY

5.3

5.2

10.2

I-M

N-M

I-M

Yes

Yes

Yes

o

0

0

WTVF-DT3

WTVF-DT2*

WSMV-DT2

Nashville, TN

Nashville, TN

Form SA3E Long Form (Rev. 05-17)

^{***} DISTANT IN GRUNDY COUNTY ONLY

Nashville, TN ** DISTANT IN GRUNDY & MARION COUNTIES

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062414 Volunteer Wireless, LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION AM or FM S/D CALL SIGN AM or FM S/D LOCATION OF STATION WAKI McMinnville, TN

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

TOTAL ONOE. I NOE O.							7 LINIOD: 2021/2
Volunteer Wireless, LL		EM:			<u></u>	062414	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ì			
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant state		ır cable system	ı carry, on a substitute bası	s, any nonne	etwork television program		Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you m			
2. LOG OF SUBSTITUTE	PROGRA	MS					
In General: List each subst				wherever po	ssible, if their meaning is	•	
clear. If you need more spa			al pages. ision program (substitute p	rogram) that	during the accounting		
period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	gramming of another stat	tion	
under certain FCC rules, re SA3 form for futher information							
titles, for example, "I Love I				Dasketball	. List specific program		
Column 2: If the program	n was broad	dcast live, ente	r "Yes." Otherwise enter "N				
			asting the substitute progra ne community to which the		ensed by the ECC or in		
the case of Mexican or Car							
		when your sys	tem carried the substitute p	orogram. Use	e numerals, with the mon	th	
first. Example: for May 7 giv		substitute pro	gram was carried by your o	cable system	List the times accurated	V	
to the nearest five minutes.						,	
stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	manina that	valur aviatama vida raquira	J	
to delete under FCC rules a			was substituted for prograuring the accounting period			1	
gram was substituted for pr	ogramming						
effect on October 19, 1976							
					EN SUBSTITUTE	7. REASON	
	2. LIVE?	TE PROGRAM 3. STATION'S	l 	5. MONTH	AIAGE OCCURRED 6. TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	DEELTION	
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

Nama	LEGAL NAME OF	OWNER OF CABLE	SYSTEM:							S١	YSTEM ID#
Name	Volunteer W	ireless, LLC									062414
	PART-TIME CA	ARRIAGE LOG									
J Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."										
			DA	TES AND	HOURS (OF F	ART-TIME CAR	RIAGE			
		WHEN	N CARRIAGE OC	CURRE	D			WHEN	I CARRIAGE OC	CUR	RED
	CALL SIGN		НС	DURS			CALL SIGN		НС	URS	3
		DATE	FROM		TO			DATE	FROM		TO
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name		
Vol	unteer Wireless, LLC		062414			
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)						
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	(Amou	2,686,130.85 Int of gross receipts)			
• Con • Con • If your fee • If you	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee		
	ort 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on lir	ne 1 of			
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be enclow.	ntered on line	2 in block			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be entered	on line			
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	•				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	2,686,130.85			
	Enter the result here. This is your minimum fee.	\$	28,580.43			
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule. No—Leave block 3 below blank and continued to the property of the proper	n 4, you must d?	check			
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	14,290.14			
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00			
	Line 3. Add lines 1 and 2 and enter here	\$	14,290.14			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	28,580.43	Cable systems		
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	submitting additional		
	zero. Line 3. 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 the Licensing		
	Line 4. FILING FEE	_\$	725.00	additional fees. Division for the		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	29,305.43	appropriate form for submitting the additional fees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of	the	auditiviiai 1865.		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Volunteer Wireless, LLC	062414
	Totalicol Microso, 220	
	CHANNELS	
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	j
	system carried television broadcast stations	
	2. Enter the total number of activisted sharpels	
	Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	4
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
Individual to	we can contact about this statement of account.)	
Be Contacted		
for Further	Talanhara 024 045 45	36
Information	Name Ameria Mooneynam Telephone 931-615-13	
	Address P.O. Box 670 (Number, street, rural route, apartment, or suite number)	
	McMinnville, TN 37111 (City, town, state, zip)	
	Email Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
0	The statement of account must be certified and signed in accordance with copyright office regulations.)	
Certification	. I the undereigned hereby certify that (Cheek and but only one of the bayes)	
Certification	• 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	
	(CWITCH CHIEF WHITE FOR SPACE B, OF	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identifie	ad
	in line 1 of space B and that the owner is not a corporation or partnership; or	au .
	V	
	(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 sy in line 1 of space B.	/stem
	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 heat of my knowledge, information, and helief, and are made in good faith.	
	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/Greg Smartt	
	Λ ,	
	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 pres button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	ss the "F2"
	224.2.1, 412.1.1, po 13. 41.2 134.1 Harris. 1 1000 ling the 1 244.01 Will avoid chabiling Excels Compatibility Settlings.	
	Typed or printed name: Greg Smartt	
	Title: President	
	(Title of official position held in corporation or partnership)	
	Date: February 25, 2022	

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.

LEGAL NAME OF OWNER	OF CABLE SYSTEM:	SYSTEM ID#	N
Volunteer Wireles	ss, LLC	062414	Name
The Satellite Home lowing sentence: "In determir service of p	TEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS be Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrishing the total number of subscribers and the gross amounts paid to the call providing secondary transmissions of primary broadcast transmitters, the syd amounts collected from subscribers receiving secondary transmissions provided to the call providing secondary transmissions provided to the call provided transmissions of primary broadcast transmitters, the syd amounts collected from subscribers receiving secondary transmissions provided to the call pr	ble system for the basic ystem shall not include sub-	P Special Statement
For more information	on on when to exclude these amounts, see the note on page (vii) of the ge	eneral instructions in the	Concerning Gross Receipts Exclusion
	ting period did the cable system exclude any amounts of gross receipts for arriers to satellite dish owners?	secondary transmissions	
X NO			
YES. Enter the	e total here and list the satellite carrier(s) below		
Name Mailing Address	Name Mailing Address		
INTEREST ASS	SESSMENTS		
•	e this worksheet for those royalty payments submitted as a result of a late of interest assessment, see page (viii) of the general instructions in the pa		Q
Line 1 Enter the a	amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line	e 1 by the interest rate* and enter the sum here		
Line 3 Multiply line	e 2 by the number of days late and enter the sum here	xdays x 0.00274	
· •	e 3 by 0.00274** enter here and on line 3, block 4, pace L, (page 7)	\$ - (interest charge)	
	nterest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For icensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the de	ecimal equivalent of 1/365, which is the interest assessment for one day la	te.	
•	ling this worksheet covering a statement of account already submitted to t ne owner, address, first community served, accounting period, and ID num		
Owner Address			
First community se Accounting period ID number	erved		

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.

DSE SCHEDULE, PAGE 11. (CONTINUED)

DSE SCHEDULE. PAGI	, , , , , , , , , , , , , , , , , , ,	E OVOTEN				VOTEM ID#
1	LEGAL NAME OF OWNER OF CABL				5	YSTEM ID#
	Volunteer Wireless, LL					062414
	SUM OF DSEs OF CATEGOR					
	 Add the DSEs of each station Enter the sum here and in line 		hedule		6.25	
	Lines the sum here and ill line	i oi parto di tilis st	nicuuic.		0.23	<u></u>
2	Instructions:	Cian'' liot the sell -:	and of all distant stations	o idoptifical butter t	ottor "O" in calumar F	
	In the column headed "Call of space G (page 3).	oign": iist the call si	gns of all distant stations	s identified by the l	etter O in column 5	
Computation	In the column headed "DSE		ent station, give the DSI	E as "1.0"; for eac	h network or noncom-	
	mercial educational station, gi					
Category "O"	0.411.01011		CATEGORY "O" STATIC		0.411.010.11	T 505
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WCTE-DT	0.250				
	WNAB-DT	1.000				
	WNPT-DT	0.250				
	WUXP-DT	1.000				
Add rows as	WSMV-DT	0.250				
necessary	WSMV-DT3	1.000				
Remember to copy all	WTVF-DT WTVF-DT3	0.250		 -		
i tormuja into new	WTVF-DT2	1.000 0.250		 -		
rows.	WSMV-DT2	1.000		 -		<mark></mark>
		1.000				<mark></mark>
		 				
		 				
		 -				
		 				
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		<u> </u>				
		<u> </u>				
		<u> </u>				
				<u> </u>		

Name	Volunteer W	OWNER OF CABLE SYSTEM:					S	062414
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista :: For each station, give the correspond with the infont :: For each station, give the :: Divide the figure in colu that least to the third decin :: For each independent so value as ".25." :: Multiply the figure in colu point. This is the station's	ne number of ho mation given in ne total number imn 2 by the figu nal point. This is station, give the	ours your cable system space J. Calculate on of hours that the stati ure in column 3, and g s the "basis of carriage" "type-value" as "1.0."	n carried the station of the station	on during the accounting ach station. r the air during the accouncecimals in column 4. This ation. to r noncommercial educations of the column 6. Round to no le	nting period. ifigure must ational station, ss than the	
Capacity		(CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	-	6. DS	E
			÷		=	<u>x</u>	=	
			÷ ÷		= =	x x		
			÷		=	x	=	
			÷		=	x	=	
			÷		=	X	=	
			÷ ÷		=	x x		
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in efference Broadcast of space I). Column 2: at your option. Column 3: Column 4:	the the call sign of each state the call sign of each state by your system in substitution of control of the co	ation listed in sp itution for a prog as shown by the ork programs dui number of live, spond with the ir in the calendar in 2 by the figure	pace I (page 5, the Log gram that your system e letter "P" in column 7 ring that optional carri nonnetwork programs nformation in space I. r year: 365, except in a e in column 3, and giv	g of Substitute Pro was permitted to of space I); and age (as shown by the s carried in substitute a leap year.	delete under FCC rules at the word "Yes" in column 2 cutton for programs that would be a Round to no less to the delete and the second to the	and regular- of vere deleted).
		Sl	JBSTITUTE-	BASIS STATION	IS: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			-	=		÷		=
		-	-	=		÷		=
			-	=		+		=
		4	-	=		÷		=
	Add the DSEs	OF SUBSTITUTE-BASI		edule,		0.00]	=
5		ER OF DSEs: Give the ams		oxes in parts 2, 3, and	4 of this schedule	and add them to provide th	ne total	
Total Number	1. Number	of DSEs from part 2 ●				<u> </u>	6.25	
of DSEs	2. Number	of DSEs from part 3 ●				-	0.00	
	3. Number	of DSEs from part 4 ●				<u> </u>	0.00	
	TOTAL NUMBE	R OF DSEs						6.25

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

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 062414	Name
TOTALINGGE TAILS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							002414	
Instructions: Bloc	k A must be comp	leted.							_
• If your answer if "	'Yes," leave the re	mainder of p	art 6 and part 7	of the DSE schedu	ıle blank and o	complete part	8, (page 16) of the		6
schedule. • If your answer if "	'No," complete blo	cks B and C	below.						
			BLOCK A: 1	ELEVISION MA	ARKETS				Computation of 3.75 Fee
Is the cable system effect on June 24,	1981?		•				C rules and regula	tions in	
_	lete blocks B and		O NOT COMPL	ETE THE REMAIN	NDER OF PAR	(1 6 AND 7.			
No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DSI	Es			
Column 1: CALL SIGN	FCC rules and re	egulations pri ne DSE Sche	or to June 25, 19 dule. (Note: The	981. For further expelletter M below refe	planation of pe	ermitted statio	m was permitted to ns, see the tream as set forth i	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carried 76.61(b)(c)]	lles and regu ed pursuant t	lations cited bel o the FCC mark	is on which you car ow pertain to those tet quota rules [76.	e in effect on J 57, 76.59(b), 7	une 24, 1981. 76.61(b)(c), 76	5.63(a) referring to		
	C Noncommeric	al educationa d station (76.6	al station [76.59) 65) (see paragra	.59(d)(1), 76.61(e) (c), 76.61(d), 76.63 aph regarding subs	B(a) referring to	o 76.61(d)]			
	E Carried pursua *F A station prev	ant to individu viously carrie IHF station w	ual waiver of FC d on a part-time ithin grade-B co	e or substitute basis ontour, [76.59(d)(5)			ring to 76.61(e)(5)]		
	W Netransinissic	on or a distan	t municast sirea						
Column 3:		e stations ide	ntified by the let	parts 2, 3, and 4 of ter "F" in column 2.		mplete the wor	ksheet on page 14	of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WCTE-DT	С	0.25	WTVF-DT	Α	0.25				
WNAB-DT	A	1.00	WTVF-DT2		0.25				
WNPT-DT WUXP-DT	C A	0.25 1.00	WTVF-DT3		1.00 1.00				
WSMV-DT	A	0.25							
WSMV-DT2	M	1.00							
								6.25	
			BLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of l	DSEs from	part 5 of this s	chedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abov	re					
				of DSEs subject to of this schedule)		te.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply lii	ne 4 by 0.0375 a	nd enter su	m here						partially permited/ partially
Line 6: Enter tota	al number of DSE	Es from line	3				Х		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply lii	ne 6 by line 5 and	d enter here	e and on line 2	, block 3, space L	₋ (page 7)			0.00	2ca dollorid.

Name	LEGAL NAME OF OWN		M:				SYSTEM ID#								
Name	Volunteer Wirel	less, LLC					062414								
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the c Column 2: Indicate t Column 3: Indicate t Column 4: Indicate t (Note that the FC A—Part-time spe 7 B—Late-night pr 7 S—Substitute ca Column 5: Indicate t Column 6: Compare in b	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on 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													
		PERMITTED DS	E FOR STATI	ONS CARRIE	D ON A PART-TIME A	ND SUBSTITUTE BASIS									
		_													
	SIGN	DSE	PER	RIOD	CARRIAGE	DSE	DSE								
7	Instructions: Block A	must be completed.													
Computation	In block A: If your answer is '	"Yes," complete block	s B and C. bel	low.											
of the	,	, ·	,		rt 8 of the DSE schedu	le.									
Syndicated			BLOCK	A: MAJOR 1	TELEVISION MARK	KET									
Exclusivity			400				0.4.400.40								
Surcharge	l — ·	-	op 100 major te	elevision marke		6.5 of FCC rules in effect J	une 24, 1981?								
	Yes—Complete	blocks B and C .			No—Proceed to	o part 8									
	BLOCK B: C	arriage of VHF/Grade	B Contour Sta	ations	BLO	CK C: Computation of Exe	mpt DSFs								
	Is any station listed in	-				d in block B of part 7 carrie	•								
	commercial VHF station	on that places a grade			nity served by the cal	ble system prior to March 3	•								
	or in part, over the cal	•			to former FCC rule 70	,									
		ation below with its app	ropriate permitte	ed DSE		station below with its appropri	ate permitted DSE								
	X No—Enter zero and proceed to part 8.														
	CALL SIGN	DSE C	ALL SIGN	DSE	CALL SIGN	DSE CALL S	IGN DSE								
		ļ													
		 													
		 													
		1	TAL DSEs	0.00		TOTAL E	DSEs 0.00								
			INT DOE2	0.00		TOTALL	JOLS 0.00								

BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE Enter the amount of gloss receipts from space K (page 7)	LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Volunteer Wireless, LLC	SYSTEM ID# 062414	Name
In white the amount of gives receipts from space K (page 7). Section 2		BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
2 A. Enter the total DSEs from block B of part 7		Enter the amount of gross receipts from space K (page 7)	2,686,130.85	7
Section If the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 3a blank. A Einer 0.00599 of gross receipts (the amount in section 1). B. Einer 0.00577 of gross receipts (the amount in section 1). B. Einer 0.00599 of gross receipts (the amount in section 1). B. Einer 0.00590 of gross receipts (the amount in section 1). B. Einer 0.00577 of gross receipts (the amount in section 1). B. Einer 0.00577 of gross receipts (the amount in section 1). B. Einer 0.00577 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 sucharge. Einter here and on line 2 of block 4 in space 1 (page 7) Syndicated Exclusivity Surcharge. Einter the result on line A below. Section of the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 3a blank. A Einer 0.00577 of gross receipts (the amount in section 1). B. Einer 0.00577 of gross receipts (the amount in section 1). B. Einer 0.00590 of gross receipts (the amount in section 1). B. Einer 0.00590 of gross receipts (the amount in section 1). B. Einer 0.00590 of gross receipts (the amount in section 1). B. Einer 0.00590 of gross receipts (the amount in section 1). B. Einer 0.00590 of gross receipts (the amount in section 1). B. Einer 0.00590 of gross receipts (the amount in section 1). B. Einer 0.00590 of gross receipts (the amount in section 1). C. Multiply line B by sine E and enter here. D. Einer 0.00590 of gross receipts (the amount in section 1). E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here. F. Multiply line B by sine E and enter here. D. Einer 0.00590 of gross receipts (the amount in section 1). E. Subtract 4.000 from total permitted DSEs (the figure on line C in section 2) and enter here and in line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		A. Enter the total DSEs from block B of part 7	0.00	•
subjecto the suchage computation. It zero, proceed to part 8		B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated
Section Yes—Complete section 3 below. Section Section Section Section Ddy our cable system retransmit the signals of any partially distant television stations during the accounting period? Ddy our cable system retransmit the signals of any partially distant television stations during the accounting period? Ddy our cable system retransmit the signals of any partially distant television stations during the accounting period? Ddy our cable system retransmit the signals of any partially distant television stations during the accounting period? Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the DSE Ddy our section 2 blank. NOTE: If the Scand Particle Particl			0.00	Surcharge
Section Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	• Is any			
Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 10.00 reless, multiply the gross receipts (the amount in section 1). \$ \$ \$ \$ \$ \$ \$ \$ \$		SECTION 3: TOP 50 TELEVISION MARKET		
A Enter 0.00599 of gross receipts (the amount in section 1)	l l	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	E	
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 Imss A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. A. Enter 0.00599 of gross receipts (the amount in section 1). B. Enter 0.00377 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00178 of gross receipts (the amount in section 1). E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here F. Multiply line D by line E and enter here. G. Add lines A, C. and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 If the figure in section 2, line C is 4.000 or loss, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). S. Section of the properties of the section 2 and enter here. D. Multiply line B by line C and enter here. D. Multiply line B by line C and enter here. E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)				
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 A. Enter 0.00599 of gross receipts (the amount in section 1). B. Enter 0.00377 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00178 of gross receipts (the amount in section 1). E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. Section 4a If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00300 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)				
E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space (page 7) Syndicated Exclusivity Surcharge. 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)		·		
Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge 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)				
A. Enter 0.00599 of gross receipts (the amount in section 1)		Enter here and on line 2 of block 4 in space L (page 7)		
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 If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) B. Enter 0.00189 of gross receipts (the amount in section 1) C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here D. Multiply line B by line C and enter here E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
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 If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts (the amount in section 1). A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		A. Enter 0.00599 of gross receipts (the amount in section 1)		
D. Enter 0.00178 of gross receipts (the amount in section 1)		B. Enter 0.00377 of gross receipts (the amount in section 1)		
E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here F. Multiply line D by line E and enter here G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section Aa Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Tyes—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 DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C.Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		C. Multiply line B by 3.000 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 Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Tyes—Complete part 9 of this schedule. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) B. Enter 0.00189 of gross receipts (the amount in section 1) C.Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here D. Multiply line B by line C and enter here E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		D. Enter 0.00178 of gross receipts (the amount in section 1)		
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? X Yes—Complete part 9 of this schedule.		E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
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? X Yes—Complete part 9 of this schedule.		F. Multiply line D by line E and enter here		
Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X		Enter here and on line 2 of block 4 in space L (page 7)		
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 DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) \$		SECTION 4: SECOND 50 TELEVISION MARKET		
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 DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) \$				
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)				
C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.	E	
C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		B. Enter 0.00189 of gross receipts (the amount in section 1)		
D. Multiply line B by line C and enter here		C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)		
E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)				
Enter here and on line 2 of block 4 in space L (page 7)				
		Enter here and on line 2 of block 4 in space L (page 7)		

Section 4b	Name		ME OF OWNER OF CABLE SYSTEM: Volunteer Wireless, LLC	SYSTEM ID# 062414
Instructions: Syndicated Excussivity Surcharge. Syndicated Excussivity Surcharge Syndicated Excussivity Surch	Computation of the Syndicated Exclusivity	Section	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.	002414
You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block 8; however, if block A of part 6 is ask checked Yes; "use the total number of DSEs from part 5. In block A, indicate, by checking Yes'or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block 8. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block 8 below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS - Did your cable system retransmit the signals of any partially distant television stations during the accounting period?			Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. **Syndicated Exclusivity Surcharge.** **Syndic	
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.	Computation of	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that station? A station is "partially distant" if, at the time your system carried it, some of your subscribers possible within that station's local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area.	w
Section Enter the total number of permitted DSEs from block B, part 6 of this schedule. Section Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). Section 3 If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). Section			BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
Section Enter the amount of gross receipts from space K (page 7)		_		
1 Enter the amount of gross receipts from space K (page 7)				
2 (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)			Enter the amount of gross receipts from space K (page 7)	
If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A, and D. This is your base rate fee. Enter here			(If block A of part 6 was checked "Yes,"	
and in block 3, line 1, space L (page /)			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)	_

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

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 062414	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.		_
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	_	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) **Description** **Descripti		Computation of
	C. Multiply line B by 3.000 and enter here \$	_	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here >		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	0.00	
	Base Rate Fee	0.00	
	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca I be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	•	9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
exclusi	on, you must:		Base Rate Fee
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for the Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
How to	oldentify 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 sta to that community.	tion you	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that st ne token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Divide group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys.	tem's subscriber	
-	section:		
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a ibers in the group.	ll of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it is schedule; or,	n parts 2, 3, and	
, -	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l 6 of this schedule.	olock B,	
• Add t	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 apper SA3 form.	instructions	
page. DSEs t	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the form that group's complement of stations and total gross receipts from the subscribers in that group). You do not necessal calculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062414 **Volunteer Wireless, LLC** 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 OWNER Volunteer Wireless		E SYSTEM:				\$	062414	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GRO	JP	_
COMMUNITY/ AREA		own, Morrison, D	ibrell	COMMUNITY/ AREA Coalmont, GruetliLaager, Palmer			9	
Rock Island	l, Campaigı	n, Hiawassee, Smartt			Trac	y City		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WUXP-DT	1.00			Base Rate F
				WNPT-DT	0.25			and
			•••••••	WCTE-DT	0.25		·····	Syndicate
				WNAB-DT	·····			
				WNAB-DI	1.00			Exclusivit
								Surcharge
								for
								Partially
			•					Distant
			·		·····		······	
							·····	Stations
			-				·····	
					·····			
otal DSEs			0.00	Total DSEs		-	2.50	
Gross Receipts First Gro	oup	\$ 52	,930.65	Gross Receipts Sec	ond Group	\$	150,013.50	
sase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	ond Group	\$	3,173.54	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	Crossv	ille, Fairfield Glad	е	COMMUNITY/ AREA		Doyle , Ravenscroft, Sparta, \	Valling	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WNPT-DT	0.25			
						-		
			<u> </u>					
otal DSEs			0.00	Total DSEs			0.25	
oral DSES Gross Receipts Third Gr	OUD	\$ 87	,643.65	Gross Receipts Four	rth Group	\$	614,108.80	
2,000 Noceipia Tilliu Gi	Jup	* 61	,5-10.00	Toos Receipts Foul	an Group	<u>*</u>	7.7,100.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	rth Group	\$	1,633.53	
		e fees for each subscri	ber group a	s shown in the boxes a	above.	\$	14,290.14	

LEGAL NAME OF OWN Volunteer Wirele		SYSTEM:				S	062414	Name
		COMPUTATION OF		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Hillsbor Manche	ro, Beech Grove		COMMUNITY/ AREA	McMinn	ville, Viola, Betha	ny	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WCTE-DT	0.25							Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts First	Group	\$ 258	3,776.25	Gross Receipts Secon	d Group	\$ 9	061,720.20	
Base Rate Fee First	Group	\$	688.34	Base Rate Fee Secon	d Group	\$	0.00	
COMMUNITY/ AREA		r, Bone Cave	JP	COMMUNITY/ AREA		subscriber grout, Beersheba, Pel		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WNPT-DT	0.25			WNPT-DT WNAB-DT WUXP-DT	0.25 1.00 1.00			
				WCTE-DT	0.25			
Total DSEs			0.25	Total DSEs			2.50	
Gross Receipts Third	Group	\$ 151	,165.35	Gross Receipts Fourth	ı Group	\$ 3	387,319.75	
Base Rate Fee Third	Group	\$	402.10	Base Rate Fee Fourth	ı Group	\$	8,193.75	
Base Rate Fee: Add Enter here and in bloo			riber group a	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE Volunteer Wireles		SYSTEM:				S	062414	Name
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GRO)UP		TENTH	SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA	Montea	gle		COMMUNITY/ AREA	Sewane	90		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WCTE-DT	0.25							Base Rate Fee
WNPT-DT	0.25							and
WSMV-DT	0.25		····	-	<u>-</u>			Syndicated
WSMV-DT2	1.00					-		Exclusivity
WTVF-DT	0.25							Surcharge
WUXP-DT	1.00		·····				·····	for
WSMV-DT3	1.00				·-			Partially
	•••				· -			
WTVF-DT2	0.25				<u> </u>			Distant
WTVF-DT3	1.00							Stations
Total DSEs			5.25	Total DSEs			0.00	
Gross Receipts First G	roup	\$	5,556.25	Gross Receipts Secon	d Group	\$	16,896.45	
Base Rate Fee First G	roup	\$	198.89	Base Rate Fee Secon	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>-</u>			
			····		. 		·····	
					· -			
					<u> </u>			
					·		·····	
							·····	
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	e base rate			as shown in the boxes ab		\$	0.00	

CALL SIGN DSE CALL SIGN	LEGAL NAME OF OWNE Volunteer Wireles		E SYSTEM:				\$	062414	Name
COMMUNITY) AREA Centertown, Morrison, Dibreil CALL SIGN DSE CALL SIGN D					TE FEES FOR EACH				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE and Real Fee Fourth Group \$ \$7,843.65 Gross Receipts Furth Group \$ \$7,843.65 Gross Receipts Fourth Group \$ \$7,									۵
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA	Center	town, Morrison, D	Dibrell	COMMUNITY/ AREA	COMMUNITY/ AREA Coalmont, GruetliLaager, Palmer			_
and syndicated Syndicated Syndicated Syndicated Syndicated Syndicated Syndicated Syndicated Stations Total DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity									Base Rate Fe
Escushflys Surcharge for Partially Distant Stations									and
Surcharge for Partially Distant Stations Total DSEs									
Total DSEs Gross Receipts First Group ThiRD SUBSCRIBER GROUP COMMUNITY/ AREA Crossville, Fairfield Glade COMMUNITY/ AREA Community AREA									
Partially Distant Stations Total DSEs									_
Distant Stations Total DSEs 0.00 Gross Receipts First Group \$ 52,930.65 \$ 0.00 Third DSEs Gross Receipts Second Group \$ 150,013.50 Third DSUBSCRIBER GROUP COMMUNITYI AREA Crossville, Fairfield Glade CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group \$ 37,643.65 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Total DSEs 0.00 Gross Receipts Fourth Group \$ 0.00 Total DSEs Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Total DSEs O.00 Gross Receipts First Group S. 52,930.65 Gross Receipts Second Group Third DUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Crossville, Fairfield Glade CALL SIGN DSE CALL SIGN								·····	-
Total DSEs									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Crossville, Fairfield Glade CALL SIGN DSE C		.							Stations
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Crossville, Fairfield Glade CALL SIGN DSE C									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Crossville, Fairfield Glade CALL SIGN DSE C		···	H			 			
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Crossville, Fairfield Glade CALL SIGN DSE C			H	<u>-</u>					
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY! AREA Crossville, Fairfield Glade CALL SIGN DSE C			<u> </u>						
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY! AREA Crossville, Fairfield Glade CALL SIGN DSE C									
Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Crossville, Fairfield Glade CROSSVILLE, Fairfield Glade CROSSVILLE, Fairfield Glade CROS	Total DSEs	-		0.00	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Crossville, Fairfield Glade CALL SIGN DSE CALL SIG	Gross Receipts First G	roup	\$ 52	2,930.65	Gross Receipts Secon	d Group	\$	150,013.50	
COMMUNITY/ AREA Crossville, Fairfield Glade COMMUNITY/ AREA BONAir, Doyle 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	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GROU	JP	
Total DSEs O.00 Gross Receipts Third Group \$ 87,643.65 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	COMMUNITY/ AREA	Crossv	ille, Fairfield Gla	de	COMMUNITY/ AREA	COMMUNITY/ AREA BonAir, Doyle			
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								·····	
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		···	H			 			
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		···	<u> </u>			 			
Gross Receipts Third Group \$ 87,643.65 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		···	 	<u></u>					
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third C	Group	\$ 87	,643.65	Gross Receipts Fourth	Group	\$	614,108.80	
	3ase Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth	ı Group	\$	0.00	
Enter here and in block 3, line 1, space L (page 7) \$ 0.00				riber group a	as shown in the boxes ab	oove.		0.00	

LEGAL NAME OF OWNER Volunteer Wireless		E SYSTEM:				S	YSTEM ID# 062414	Name
E				TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU	Р		SIXTH	SUBSCRIBER GROU	P	^
COMMUNITY/ AREA	Hillsbo Manch	ro, Beech Grove		COMMUNITY/ AREA	McMinn	ville, Viola, Bethar	ıy	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<mark></mark>							Syndicated
						-		Exclusivity
						H		Surcharge
								for Partially
								Distant
						<u> </u>		Stations
						H		Guardine
	<u></u>						···	
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 258	,776.25	Gross Receipts Second	d Group	\$ 90	61,720.20	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	Р		EIGHTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA	Spence	er, Bone Cave		COMMUNITY/ AREA	COMMUNITY/ AREA Altamont, Beersheba, Pelham			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
						-		
	<mark></mark>							
						H		
								
		H			†			
	<u>-</u>				†			
					†	<u> </u>	<u></u>	
Total DSEs	•		0.00	Total DSEs	-		0.00	
Gross Receipts Third G	roup	\$ 151	,165.35	Gross Receipts Fourth	Group	\$ 38	87,319.75	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	s shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Volunteer Wireless, LLC SYSTEM ID# 062414					Name			
E				TE FEES FOR EACH				
NINTH SUBSCRIBER GROUP			TENTH SUBSCRIBER GROUP			JP	9	
COMMUNITY/ AREA	MOINE	teagle		COMMUNITY/ AREA	Sewallee		Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
	···							Exclusivity
								Surcharge
								for
								Partially
					<u> </u>			Distant Stations
								Stations
					•			
					<u> </u>			
T + 1 DOE		Ш	0.00	T			0.00	
Total DSEs			0.00		Total DSEs 0.00			
Gross Receipts First G	roup	\$ 5	5,556.25	Gross Receipts Secon	d Group	\$	16,896.45	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ELEVENTH SUBSCRIBER GROUP			TWELVTH SUBSCRIBER GROUP					
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
			···					
			···					
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group \$ 0.00		0.00		
Base Rate Fee Third Group \$								
		\$ 0.00		Base Rate Fee Fourth Group \$			0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.				
Name	Volunteer Wireless, LLC	SYSTEM ID# 062414				
	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 Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	ne station is not exempt in Part 7, you must also compute a				
Computation of	☐ First 50 major television market	☐ Second 50 major television market				
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	First 50 major television market Second 50 major television market					
	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 SYNDICATED EXCLUSIVITY SURCHARGE First Group	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 Second Group \$				
	THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs					

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Volunteer Wireless, LLC 062414 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 must 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 ☐ First 50 major television market Second 50 major television market of INSTRUCTIONS: Base Rate Fee 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. Exclusivity 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 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. 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 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Volunteer Wireless, LLC 062414 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 must 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 ☐ First 50 major television market Second 50 major television market of INSTRUCTIONS: Base Rate Fee 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. Exclusivity 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 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. 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 this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

	Ca	ble	Total amount of	Numbe	r of SAs rec'd	li	nitials
	Ma	ble rksheet	remittance				
	VVOI	IKSHEEL		_			
			Date of remittance	□Check	□EFT	□FILING	G FEES
Cable ID #						Amount	Initials
Examined by Reviewed by		Date examination completed	Allocation r	umber			
Space A Accounting Period							
	□Janua	ary 1 - June 30, 2017		July 1 - December 3	31, 2017		
	□Letter	r sent		☐Information receive	d		
	□Accep	oted		Phone call/Date/Co	ntact		
Space B Owner							
	Letter	r sent]	☐Information receive	d		
	□Accep	oted		Phone call/Date/Co	ntact		
Space D Area Served							
	Letter	r sent]	☐Information receive	d		
	□Accep	oted]	Phone call/Date/Co	ntact		
Space E Secondary Transission							
Service Subscribers:	□Letter	r sent		☐ Information received			
and Rates	□Accep	oted		☐ Phone call/Date/Contact			
Space G Primary Transmitters:							
Television	□Letter	r sent		Information receive	ed		
	□Accep	oted	[☐ Phone call/Date/Co	ntact		
Space H Primary Transmitters:							
Radio	□Accep	oted]	☐Phone call/Date/Co	ntact		

		Space I Substitute
		Carriage
Letter sent	☐ Information received	
□Accepted	☐ Phone call/Date/Contact	
		Space J Part-time
		Carriage Log
✓ Letter sent	☐Information received	(SA3 only)
Accepted	☐Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐Information received	
☐Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
□Accepted	☐Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
Letter sent	☐Information received	
Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	□Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	