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 |
| | \$ |
| | ALLOCATION NUMBER |
| 8-2-24 | |

Return completed workbook by email to

coplicsoa@copyright.gov

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | | | |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------|-----------------|--|--|--|--|--|--|
| Accounting | 2021/2 | | | | | | | | | |
| Period | Instructions: | | | | | | | | | |
| B Owner | Give the full legal name of the owner of the cable system. If the owner is a strate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID. | es of the cable system on the last day of the unting period. | m. e accounting period should sub | | | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | | |
| | NELSONVILLE TV CABLE INC. | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | 2021/2 | | | | | | |
| | | | | | | | | | | |
| | 1120 E. Canal Street | | | | | | | | | |
| | Nelsonville, Ohio 45764 | | | | | | | | | |
| | INSTRUCTIONS: In line 1, give any business or trade names used to it | dentify the busine | ss and operation of the syste | em unless these | | | | | | |
| С | names already appear in space B. In line 2, give the mailing address of | • | | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | | | | | | |
| | NELSONVILLE TV CABLE INC. | | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 1120 E. Canal Street | | | | | | | | | |
| | (Number, street, rural route, apartment, or suite number) | | | | | | | | | |
| | Nelsonville, Ohio 45764 (City, town, state, zip code) | | | | | | | | | |
| | | | | | | | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the first com | munity served below and re | list on page 1b | | | | | | |
| Area Served | with all communities. CITY OR TOWN | STATE | | | | | | | | |
| First | NELSONVILLE | OH | | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | | Space G | | | | | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | | | | | | |
| Sample | Alda | MD | Α | 1 | | | | | | |
| Janipie | Alliance | MD | В | 2 | | | | | | |
| | Gering | MD | В | 3 | | | | | | |

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office'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 filing, a determination that would be made by a court of law.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: **NELSONVILLE TV CABLE INC.** 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 first 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. CITY OR TOWN STATE CH LINE UP SUB GRP# **NELSONVILLE** ОН First **AMES TOWNSHIP** OH Α 1 Community ATHENS TOWNSHIP ОН Α **BUCHTEL** OH Α 1 CHAUNCEY OH Α 1 **DOVER TOWNSHIP** OH Α 1 See instructions for **GLOUSTER** OH Α 1 additional information on alphabetization. **GREEN TOWNSHIP** ОН Α 2 **HOMER TOWNSHIP** OH Α 1 OH Α 1 **JACKSONVILLE** STARR TOWNSHIP OH Α 2 Add rows as necessary. THE PLAINS OH Α 1 TRIMBLE ОН Α 1 TRIMBLE TOWNSHIP ОН Α 1 WARD TOWNSHIP ОН 2 Α YORK TOWNSHIP OH Α 1

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NELSONVILLE TV CABLE INC.

SYSTEM ID#

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 | | | | |
|--------------------------------------------------|-----------------------|----|-------|---------------------|-----------------------|-------|--|--|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | | |
| Residential: | CODCONIDENCE | | TOTIL | CATEGORY OF SERVICE | CODCORDERO | TOTIE | | |
| Service to first set | 3,859 | \$ | 40.00 | | | | | |
| Service to additional set(s) | | 1 | | | | | | |
| FM radio (if separate rate) | | 1 | | | | | | |
| Motel, hotel | | 1 | | | | | | |
| Commercial | | 1 | | | | | | |
| Converter | | 1 | | | | | | |
| Residential | | 1 | | | | | | |
| Non-residential | | 1 | | | | | | |
| | 1 | 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 | | | | | | | |
|-------------------------------------------------|---------|-------|---------------------------------------------|------|---------------------|----|--------|--|
| CATEGORY OF SERVICE | F | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | | RATE | |
| Continuing Services: | | | Installation: Non-residential | | | | | |
| • Pay cable | \$ | 12.95 | Motel, hotel | | EXPANDED BASIC | \$ | 100.00 | |
| Pay cable—add'l channel | \$ | 15.95 | Commercial | | НВО | \$ | 16.95 | |
| Fire protection | | | • Pay cable | | CINEMAX | \$ | 12.95 | |
| •Burglar protection | | | Pay cable-add'l channel | | SHOWTIME | \$ | 15.95 | |
| Installation: Residential | | | Fire protection | | STARZ/ENCORE | \$ | 17.95 | |
| First set | \$ | 12.00 | Burglar protection | | | | | |
| Additional set(s) | | | Other services: | | | | | |
| FM radio (if separate rate) | | | Reconnect | | | | | |
| Converter | | | Disconnect | | | | | |
| | | | Outlet relocation | | | | | |
| | | | Move to new address | | | | | |
| | | | | | | İ | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **NELSONVILLE TV CABLE INC.** 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 specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 4. DISTANT? 5. BASIS OF 1. CALL 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WSYX 6 Ν No Columbus, OH WSYX-DT2 6.2 Columbus, OH I-M No See instructions for additional information WSYX-DT3 6.3 N-M No Columbus, OH on alphabetization. WHIZ 18 Ν No Zanesville, Ohio WHIZ-DT2 18.2 N-M No Zanesville, Ohio WHIZ-DT3 18.3 I-M No Zanesville, Ohio **WCMH** 4 N No Columbus, OH WCMH-DT2 4.2 I-M No Columbus, OH WCMH-DT3 4.3 I-M No Columbus, OH WCMH-DT4 4.4 I-M No Columbus, OH **WCHS** N 8 Yes 0 Charleston, WV 0 WCHS-DT2 8.2 N-M Yes Charleston, WV WCHS-DT3 8.3 I-M Yes 0 Charleston, WV **WOUB** 20 Ε No Athens, Ohio **WOUB-DT2** 20.2 E-M No Athens, Ohio Athens, Ohio WOUB-DT3 20.3 E-M No WOUB-DT4 E-M Athens, Ohio 20.4 No **WOUB-DT5** 20.5 Athens, Ohio E-M No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **NELSONVILLE TV CABLE INC.** 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 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 AB, cont. 2. B'CAST 3. TYPE 1. CALL 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) STATION NUMBER (If Distant) **WOUB-DT6** 20.6 E-M No Athens, Ohio **WOUB-DT7** 20.7 E-M No Athens, Ohio **WBNS** 10 N No Columbus, OH WBNS-DT2 10.2 I-M No Columbus, OH WBNS-DT3 10.3 I-M No Columbus, OH WBNS-DT4 10.4 I-M No Columbus, OH WBNS-DT5 10.5 I-M No Columbus, OH WBNS-DT6 10.6 I-M No Columbus, OH WBNS-DT7 10.7 I-M No Columbus, OH WBNS-DT8 10.8 I-M No Columbus, OH **WWHO** 53 ı No Columbus, OH WWHO-DT2 53.2 I-M Columbus, OH No WWHO-DT3 53.3 I-M No Columbus, OH

| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
|--------------------------------------|------------------|----------------|---------------------|----------------------|-------------------------------------------------------------------------|-----------------------------|
| NELSONVILLE | | | | | 3 · 3 · 2 · 1 · 2 · 1 | Name |
| | | | | | | |
| PRIMARY TRANSMITTE | | | | | | |
| · | | | , , | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary |
| substitute program bas | | | | s carried by your c | able system on a substitute program | Transmitters: Television |
| basis under specifc F0 | | | | o carriou by your or | able system on a substitute program | relevision |
| · · | | | | ie Special Stateme | ent and Program Log)—if the | |
| station was carried | only on a subs | titute basis. | | | | |
| basis. For further in | formation cond | | | | ute basis and also on some other f the general instructions located | |
| in the paper SA3 fo | | sian Do not | report origination | n program service: | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| WETA-simulcast). Column 2: Give the | e channel numb | per the FCC h | nas assigned to | the television stati | on for broadcasting over-the-air in | |
| | • | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | | | | |
| | | | | | pendent station, or a noncommercial | |
| - | - | • | , , | | ast), "I" (for independent), "I-M" mmercial educational multicast). | |
| For the meaning of the | , | | , . | , | • | |
| Column 4: If the st | ation is outside | the local ser | vice area, (i.e. "o | distant"), enter "Ye | s". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | - | <u>=</u> " | stating the basis on which your | |
| | | - | | • | ering "LAC" if your cable system | |
| carried the distant stat | • | | | | payment because it is the subject | |
| | | | | | tem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| | - | | | | d in the paper SA3 form. | |
| | | | | - | to which the station is licensed by the which the station is identifed. | |
| Note: If you are utilizing | | | | • | | |
| | .3 | • • | EL LINE-UP | • | | |
| | T | | T | | | + |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
| | NUMBER | STATION | | (If Distant) | | • |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | |
|----------------------------|-------------------|----------------|--------------------|--------------------------|-------------------------------------------------------------------------|-----------------------------|
| NELSONVILLE | | | | | 3 · 3 · 2 · · 2 · · · · · · · · · · · · | Name |
| | | | | | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | |
| | | | | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary |
| substitute program bas | | | | s carried by your c | able system on a substitute program | Transmitters: Television |
| basis under specifc F0 | | | | o carriou by your or | able system on a substitute program | relevision |
| · · | | | | ie Special Stateme | ent and Program Log)—if the | |
| station was carried | only on a subs | titute basis. | | | | |
| basis. For further in | formation cond | | | | ute basis and also on some other fthe general instructions located | |
| in the paper SA3 fo | | sian. Do not | report origination | n program service: | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | \-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| | | | - | | on for broadcasting over-the-air in | |
| | • | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a netwo | ark station, an inde | pendent station, or a noncommercial | |
| | | | | | ast), "I" (for independent), "I-M" | |
| - | - | | , , | | mmercial educational multicast). | |
| For the meaning of the | , | | , . | , | • | |
| | | | | | s". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | - | <u>=</u> " | stating the basis on which your | |
| carried the distant stat | | - | | • | ering "LAC" if your cable system | |
| | • | | | | payment because it is the subject | |
| | | | | | tem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| | - | | | | d in the paper SA3 form. to which the station is licensed by the | |
| | | | | - | which the station is identifed. | |
| Note: If you are utilizing | | | | • | | |
| , | - | • • | EL LINE-UP | • | · | |
| 4 CALL | 2 P'CAST | 2 TVDE | 4 DISTANTS | E BACIC OF | 6 LOCATION OF STATION | İ |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | | |
| | NOWBER | STATION | | (If Distant) | | <u> </u> |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | |
|-------------------------------------------------|---------------------------------------|----------------------------------|------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------|
| NELSONVILLE | | | | | | Name |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | |
| carried by your cable s | system during the | ne accounting | g period, except | (1) stations carried | and low power television stations) d only on a part-time basis under | G |
| 76.59(d)(2) and (4), 76 substitute program bas | 6.61(e)(2) and (sis, as explaine | 4), or 76.63 (r d in the next | referring to 76.6 paragraph. | 1(e)(2) and (4))]; a | ain network programs [sections nd (2) certain stations carried on a able system on a substitute program | Primary Transmitters: Television |
| basis under specifc F0 | CC rules, regula here in space | ntions, or auth G—but do lis | norizations: | | ent and Program Log)—if the | |
| • List the station here, | and also in spa formation cond | ice I, if the sta | | | ute basis and also on some other f the general instructions located | |
| each multicast stream cast stream as "WETA | associated with | n a station ac | cording to its ov | er-the-air designat | s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example | |
| its community of licens | se. For example | e, WRC is Ch | - | | on for broadcasting over-the-air in may be different from the channel | |
| educational station, by | e in each case we entering the le | whether the state "N" (for n | etwork), "N-M" (| for network multica | pendent station, or a noncommercial ast), "I" (for independent), "I-M" | |
| For the meaning of the Column 4: If the st | ese terms, see ation is outside | page (v) of the | e general instruc vice area, (i.e. "c | ctions located in th distant"), enter "Ye | s". If not, enter "No". For an ex- | |
| 1 | ave entered "Yo he distant statio | es" in column on during the | 4, you must cor accounting period | nplete column 5, s od. Indicate by ent | stating the basis on which your ering "LAC" if your cable system | |
| For the retransmiss of a written agreement | sion of a distant t entered into o | multicast stren or before Ju | eam that is not s ine 30, 2009, be | subject to a royalty tween a cable sys | payment because it is the subject tem or an association representing y transmitter, enter the designa- | |
| tion "E" (exempt). For sexplanation of these th | simulcasts, also nree categories | o enter "E". If , see page (v | you carried the o | channel on any oth instructions locate | her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the | |
| | Canadian statio | ns, if any, giv | e the name of th | ne community with | which the station is identifed. | |
| | _ | CHANN | EL LINE-UP | AE | | |
| 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 | |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | | Name |
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| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | |
| | | | | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary |
| substitute program bas | | | . • . | s carried by your c | able system on a substitute program | Transmitters: Television |
| basis under specifc F0 | | | - | s carried by your o | able system on a substitute program | 10104131011 |
| · · | . • | | | ne Special Stateme | ent and Program Log)—if the | |
| station was carried | only on a subs | titute basis. | | | | |
| basis. For further in | formation cond | | | | ute basis and also on some other f the general instructions located | |
| in the paper SA3 fo | | sian Do not | report origination | n program service | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| | | | - | | on for broadcasting over-the-air in | |
| | - | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a netwo | ork station, an inde | pendent station, or a noncommercial | |
| | | | | | ast), "I" (for independent), "I-M" | |
| · | - | • | , , | | mmercial educational multicast). | |
| For the meaning of the | ,, , | | ,, | ` | , | |
| | | | | | es". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | • | · · | stating the basis on which your | |
| carried the distant stat | | - | | • | ering "LAC" if your cable system | |
| | - | | | | payment because it is the subject | |
| | | | | | stem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| | - | | | | d in the paper SA3 form. to which the station is licensed by the | |
| | | | | - | which the station is identifed. | |
| Note: If you are utilizing | | | | • | | |
| , | - | • • | EL LINE-UP | | · | |
| 4 CALL | 2 P'CAST | 2 TVDE | 4 DISTANTS | E BACIC OF | 6. LOCATION OF STATION | † |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE | | |
| | NOMBER | STATION | | (If Distant) | | + |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | 3 · 3 · 2 · · 2 · · · · · · · · · · · · | Name |
| | | | | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | |
| | | | | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| substitute program bas | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary Transmitters: |
| | | | | s carried by your ca | able system on a substitute program | Television |
| basis under specifc FC | | | | | , | 10.01.0.0 |
| Do not list the station | here in space | G—but do lis | t it in space I (th | ie Special Stateme | ent and Program Log)—if the | |
| station was carried | - | | | | | |
| · · | formation cond | | | | ute basis and also on some other f the general instructions located | |
| | | sian. Do not | report origination | n program service: | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| | | | - | | on for broadcasting over-the-air in | |
| • | - | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a netwo | ark station, an inde | pendent station, or a noncommercial | |
| | | | | | ast), "I" (for independent), "I-M" | |
| • | - | | , , | | mmercial educational multicast). | |
| For the meaning of the | , | | , . | , | • | |
| | | | | | s". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | - | <u>=</u> " | stating the basis on which your | |
| carried the distant stat | | - | | • | ering "LAC" if your cable system | |
| | - | | | | payment because it is the subject | |
| | | | | | stem or an association representing | |
| the cable system and a | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| · · | - | | | | d in the paper SA3 form. | |
| | | | | - | to which the station is licensed by the | |
| Note: If you are utilizing | | | | • | which the station is identifed. | |
| Trotor ii you aro atiii2ii | | • • | EL LINE-UP | • | onamio mio ap. | <u> </u> |
| | | 0117411 | T EINE OF | AG | | <u> </u> |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
| | NUMBER | STATION | | (If Distant) | | <u> </u> |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
|-------------------------------------------------|-----------------------------------|--------------------------|----------------------------|-----------------------------------------|-------------------------------------------------------------------------|---------------|
| NELSONVILLE | | | | | G 1 G 1 <u>Z 111 1 Z 11</u> | Name |
| | | | | | | |
| | G, identify every | television st | | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections nd (2) certain stations carried on a | Primary |
| substitute program bas | sis, as explaine | d in the next | paragraph. | . , , , , , , , , , , , | . , | Transmitters: |
| Substitute Basis States basis under specific FC | | | • | s carried by your c | able system on a substitute program | Television |
| Do not list the station | here in space | G—but do lis | | e Special Stateme | ent and Program Log)—if the | |
| | and also in spa formation cond | ice I, if the sta | | | tute basis and also on some other f the general instructions located | |
| | | - | | | s such as HBO, ESPN, etc. Identify | |
| | | | • | • | tion. For example, report multi- n stream separately; for example | |
| | | | - | | on for broadcasting over-the-air in may be different from the channel | |
| on which your cable sy | stem carried th | e station. | | _ | ependent station, or a noncommercial | |
| · | - | • | , , | | ast), "I" (for independent), "I-M" mmercial educational multicast). | |
| For the meaning of the | ese terms, see | page (v) of th | e general instru | ctions located in th | ne paper SA3 form. | |
| Column 4: If the st planation of local servi | | | | | es". If not, enter "No". For an ex- e paper SA3 form. | |
| Column 5: If you ha | ave entered "Ye | es" in column | 4, you must cor | mplete column 5, s | stating the basis on which your | |
| carried the distant stat | | - | | • | ering "LAC" if your cable system capacity. | |
| | | | | | payment because it is the subject stem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further d in the paper SA3 form. | |
| Column 6: Give the | e location of ea | ch station. Fo | or U.S. stations, | list the community | to which the station is licensed by the | |
| Note: If you are utilizing | | | | | which the station is identifed. channel line-up. | |
| | | CHANN | EL LINE-UP | AH | · | |
| 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 | |
| | NOMBER | OTATION | | (II Distant) | | 1 |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | | Name |
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| PRIMARY TRANSMITTE | | | | | | |
| · · | | | , , | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary |
| substitute program ba | | | | s carried by your c | able system on a substitute program | Transmitters: Television |
| basis under specifc F(| | | | o carriou by your o | able system on a substitute program | 10104131011 |
| · | | | | e Special Stateme | ent and Program Log)—if the | |
| station was carried | only on a subs | titute basis. | | | | |
| basis. For further in | nformation cond | | | | ute basis and also on some other f the general instructions located | |
| in the paper SA3 for Column 1: I ist each | | sian Do not | report origination | n program service | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | ∖-2". Simulcast | streams mus | t be reported in | column 1 (list eacl | n stream separately; for example | |
| WETA-simulcast). Column 2: Give the | e channel numl | per the FCC h | nas assigned to | the television stati | on for broadcasting over-the-air in | |
| | - | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | • | | | | | |
| | | | | | ependent station, or a noncommercial | |
| | - | • | , , | | ast), "I" (for independent), "I-M" Immercial educational multicast). | |
| For the meaning of the | ,, | | ,, | ` | , | |
| | | | | | es". If not, enter "No". For an ex- | |
| planation of local serv | | | | | | |
| I - | | | - | =" | stating the basis on which your | |
| - | | - | | • | ering "LAC" if your cable system | |
| carried the distant stat | | | | | payment because it is the subject | |
| | | | | | stem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ' ' | | | • | • | her basis, enter "O." For a further | |
| | - | | | | d in the paper SA3 form. | |
| | | | | - | to which the station is licensed by the which the station is identifed. | |
| Note: If you are utilizing | | | | | | |
| | .9 | • • | EL LINE-UP | • | | |
| | | | T | | | + |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
| | NUMBER | STATION | | (If Distant) | | • |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | | |
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| NELSONVILLE | | | | | | Name | |
| | | | | | | | |
| | G, identify every | television st | | | and low power television stations) d only on a part-time basis under | G | |
| | | | | • | ain network programs [sections | | |
| 76.59(d)(2) and (4), 76 substitute program ba | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary Transmitters: | |
| | | | | s carried by your c | able 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 spa formation cond | ice I, if the sta | | | ute basis and also on some other f the general instructions located | | |
| · · | | sign. Do not | report origination | n program service | s such as HBO, ESPN, etc. Identify | | |
| | | | • | • | tion. For example, report multi- | | |
| WETA-simulcast). | | | · | • | n stream separately; for example on for broadcasting over-the-air in | | |
| - | • | | annel 4 in Wash | nington, D.C. This | may be different from the channel | | |
| on which your cable sy | • | | tation is a netwo | ark station, an inde | pendent station, or a noncommercial | | |
| | | | | | ast), "I" (for independent), "I-M" | | |
| (for independent multi- | cast), "E" (for no | oncommercia | ıl educational), c | or "E-M" (for nonco | mmercial educational multicast). | | |
| For the meaning of the | · · · | 0 () | 0 | | ne paper SA3 form. es". If not, enter "No". For an ex- | | |
| planation of local serv | | | | | | | |
| | | | | | stating the basis on which your | | |
| - | | - | | • | ering "LAC" if your cable system | | |
| carried the distant stat | | | | | capacity. payment because it is the subject | | |
| | | | | | stem or an association representing | | |
| • | | | • | • . | y transmitter, enter the designa- | | |
| ` ' ' | | | • | • | her basis, enter "O." For a further d in the paper SA3 form. | | |
| • | - | | | | to which the station is licensed by the | | |
| | | | | | which the station is identifed. | | |
| Note: If you are utilizing | ng multiple char | nel line-ups, | use a separate | space G for each | channel line-up. | | |
| | | CHANN | EL LINE-UP | AJ | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | | |
| | NUMBER | STATION | | (If Distant) | | | |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | 3 · 3 · 2 · · 2 · · · · · · · · · · · · | Name |
| | | | | | | |
| PRIMARY TRANSMITTE | | | | | | |
| · | | | , , | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary |
| substitute program bas | | | . • . | s carried by your c | able system on a substitute program | Transmitters: Television |
| basis under specifc FC | | | - | s carried by your o | able system on a substitute program | relevision |
| | , , | , | | ne Special Stateme | ent and Program Log)—if the | |
| station was carried | only on a subs | titute 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 fo | | sian. Do not | report origination | n program service | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| WETA-simulcast). Column 2: Give the | e channel numl | per the FCC h | nas assigned to | the television stati | on for broadcasting over-the-air in | |
| | - | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a natura | urk atation on inda | nondent station or a nencommercial | |
| | | | | | ependent station, or a noncommercial ast), "I" (for independent), "I-M" | |
| · | - | • | , , | | emmercial educational multicast). | |
| For the meaning of the | ,, , | | ,, | ` | , | |
| | | | | | es". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | • | · · | stating the basis on which your | |
| capie system carried to | | - | | • | ering "LAC" if your cable system | |
| | - | | | | payment because it is the subject | |
| | | | | | stem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| | - | | | | d in the paper SA3 form. | |
| | | | | - | to which the station is licensed by the | |
| Note: If you are utilizing | | | | • | which the station is identifed. | |
| Trotor in you are dained | | • • | IEL LINE-UP | | onamio mio ap. | <u> </u> |
| | | O I I A I I I | T EINE-OI | AIX | | 1 |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
| | NUMBER | STATION | | (If Distant) | | <u> </u> |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | | |
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| NELSONVILLE | | | | | | Name | |
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| · | G, identify every | television st | , , | | and low power television stations) d only on a part-time basis under | G | |
| | | | | • | ain network programs [sections | | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary | |
| substitute program bas | | | | s carried by your ca | able system on a substitute program | Transmitters: Television | |
| basis under specifc F0 | | | | , caca 2, ,ca. c. | azio ejetem en a cazentato program | 10.01.0.0 | |
| • 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. | | | | | | | |
| • • | | sign. Do not | report origination | n program service | s such as HBO, ESPN, etc. Identify | | |
| each multicast stream | associated wit | n a station ac | cording to its ov | er-the-air designa | tion. For example, report multi- | | |
| WETA-simulcast). | | | · | • | n stream separately; for example | | |
| | | | - | | on for broadcasting over-the-air in may be different from the channel | | |
| on which your cable sy | stem carried th | e station. | | _ | ependent station, or a noncommercial | | |
| | | | | | ast), "I" (for independent), "I-M" | | |
| · | - | • | , , | | mmercial educational multicast). | | |
| For the meaning of the | | 0 () | 0 | | • • | | |
| planation of local servi | | | | | es". If not, enter "No". For an ex- | | |
| | | | | | stating the basis on which your | | |
| 1 | | | - | <u>=</u> " | ering "LAC" if your cable system | | |
| carried the distant stat | - | | | | | | |
| | | | | | payment because it is the subject | | |
| _ | | | | • | stem or an association representing y transmitter, enter the designa- | | |
| • | | | • | • . | her basis, enter "O." For a further | | |
| | - | | | | d in the paper SA3 form. | | |
| | | | | - | to which the station is licensed by the | | |
| Note: If you are utilizing | | | | • | which the station is identifed. | | |
| Note: If you are utilizing | ig multiple chai | • • | EL LINE-UP | • | Granner inte-up. | | |
| | | | | | | † | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | | | |
| | NUMBER | STATION | | (If Distant) | | + | |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | 3 · 3 · 2 · · 2 · · · · · · · · · · · · | Name |
| | | | | | | |
| PRIMARY TRANSMITTE | | | | | | |
| · | | | , , | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary |
| substitute program bas | | | | s carried by your c | able system on a substitute program | Transmitters: Television |
| basis under specifc FC | | | | o carriou by your or | able system on a substitute program | relevision |
| | , , | , | | ie Special Stateme | ent and Program Log)—if the | |
| station was carried | only on a subs | titute 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 fo | | sian. Do not | report origination | n program service: | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| WETA-simulcast). Column 2: Give the | e channel numl | per the FCC h | nas assigned to | the television stati | on for broadcasting over-the-air in | |
| | - | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a natura | urk atation on inda | nondent station or a nencembersial | |
| | | | | | pendent station, or a noncommercial ast), "I" (for independent), "I-M" | |
| - | - | | , , | | mmercial educational multicast). | |
| For the meaning of the | , | | , . | , | • | |
| | | | | | s". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | - | <u>=</u> " | stating the basis on which your | |
| capie system carried to | | - | | • | ering "LAC" if your cable system | |
| | - | | | | payment because it is the subject | |
| | | | | | tem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| | - | | | | d in the paper SA3 form. | |
| | | | | - | to which the station is licensed by the | |
| Note: If you are utilizing | | | | • | which the station is identifed. | |
| Note: If you are dailed | ig manipic onai | • • | EL LINE-UP | • | onarmor mile up. | |
| | | OTIZATIO | I E E E INCE-OI | Airi | | 1 |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
| | NUMBER | STATION | | (If Distant) | | <u> </u> |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | 3 · 3 · 2 · 1 · 2 · 1 | Name |
| | | | | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | |
| | | | | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary |
| substitute program bas | | | | s carried by your c | able system on a substitute program | Transmitters: Television |
| basis under specifc F0 | | | | o carriou by your or | able system on a substitute program | relevision |
| · · | | | | ie Special Stateme | ent and Program Log)—if the | |
| station was carried | only on a subs | titute 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 fo | | sian. Do not | report origination | n program service: | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| | | | - | | on for broadcasting over-the-air in | |
| | • | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a netwo | ark station, an inde | pendent station, or a noncommercial | |
| | | | | | ast), "I" (for independent), "I-M" | |
| · | - | • | , , | | mmercial educational multicast). | |
| For the meaning of the | ,, , | | ,, | , | , | |
| | | | | | s". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | - | <u>=</u> " | stating the basis on which your | |
| carried the distant stat | | - | | • | ering "LAC" if your cable system | |
| | • | | | | payment because it is the subject | |
| | | | | | tem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| | - | | | | d in the paper SA3 form. to which the station is licensed by the | |
| | | | | - | which the station is identifed. | |
| Note: If you are utilizing | | | | • | | |
| , | - | • • | EL LINE-UP | • | <u> </u> | |
| 4 CALL | 2 P'CAST | 2 TVDE | 4 DISTANTS | E BACIC OF | 6 LOCATION OF STATION | İ |
| 1. CALL SIGN | 2. B'CAST | 3. TYPE OF | 4. DISTANT? | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | |
| SIGN | CHANNEL NUMBER | STATION | (Yes or No) | (If Distant) | | |
| | NOMBER | STATION | | (II Distant) | | 1 |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | | |
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| NELSONVILLE | | | | | 3 · 3 · 2 · 1 · 2 · 1 | Name | |
| | | | | | | | |
| PRIMARY TRANSMITTE | | | | | | | |
| · | | | , , | | and low power television stations) d only on a part-time basis under | G | |
| | | | | • | ain network programs [sections | | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary | |
| substitute program bas | | | . • . | s carried by your c | able system on a substitute program | Transmitters: Television | |
| basis under specifc F0 | | - | - | s carried by your o | able system on a substitute program | relevision | |
| · · | | | | ne Special Stateme | ent 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 fo | | sian. Do not | report origination | n program service | s such as HBO, ESPN, etc. Identify | | |
| | | - | | | tion. For example, report multi- | | |
| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | | |
| WETA-simulcast). Column 2: Give the | e channel numb | per the FCC h | nas assigned to | the television stati | on for broadcasting over-the-air in | | |
| | • | | annel 4 in Wash | nington, D.C. This | may be different from the channel | | |
| on which your cable sy | | | 4-4i i | | | | |
| | | | | | pendent station, or a noncommercial | | |
| - | - | • | , , | | ast), "I" (for independent), "I-M" mmercial educational multicast). | | |
| For the meaning of the | , | | , . | , | • | | |
| | | | | | s". If not, enter "No". For an ex- | | |
| planation of local servi | | | | | | | |
| 1 | | | • | · · | stating the basis on which your | | |
| | | - | | • | ering "LAC" if your cable system | | |
| carried the distant stat | • | | | | payment because it is the subject | | |
| | | | | | tem or an association representing | | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | | |
| ` ', | | | • | • | her basis, enter "O." For a further | | |
| | - | | | | d in the paper SA3 form. | | |
| | | | | - | to which the station is licensed by the which the station is identifed. | | |
| Note: If you are utilizing | | | | • | | | |
| | .3 | • • | IEL LINE-UP | | | | |
| | T | l | T | | | + | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | | |
| | NUMBER | STATION | | (If Distant) | | • | |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | | |
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| NELSONVILLE | | | | | 3 · 3 · 2 · 1 · 2 · 1 | Name | |
| | | | | | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | | |
| | | | | | and low power television stations) d only on a part-time basis under | G | |
| | | | | • | ain network programs [sections | | |
| . , . , | . , . , | , , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary | |
| substitute program bas | | | | s carried by your c | able system on a substitute program | Transmitters: Television | |
| basis under specifc F0 | | | | o carriou by your or | able system on a substitute program | relevision | |
| · · | | | | ie Special Stateme | ent 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 fo | | sian Do not | report origination | n program service: | s such as HBO, ESPN, etc. Identify | | |
| | | - | | | tion. For example, report multi- | | |
| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | | |
| | | | - | | on for broadcasting over-the-air in | | |
| | • | | annel 4 in Wash | nington, D.C. This | may be different from the channel | | |
| on which your cable sy | | | tation is a netwo | ark station, an inde | pendent station, or a noncommercial | | |
| | | | | | ast), "I" (for independent), "I-M" | | |
| · | - | • | , , | | mmercial educational multicast). | | |
| For the meaning of the | ,, , | | ,, | , | , | | |
| | | | | | s". If not, enter "No". For an ex- | | |
| planation of local servi | | | | | | | |
| 1 | | | - | <u>=</u> " | stating the basis on which your | | |
| carried the distant stat | | - | | • | ering "LAC" if your cable system | | |
| | • | | | | payment because it is the subject | | |
| | | | | | tem or an association representing | | |
| the cable system and | a primary transi | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | | |
| ` ', | | | • | • | her basis, enter "O." For a further | | |
| | - | | | | d in the paper SA3 form. to which the station is licensed by the | | |
| | | | | - | which the station is identifed. | | |
| Note: If you are utilizing | | | | • | | | |
| , | - | • • | EL LINE-UP | • | · | | |
| 4 CALL | 2 P'CAST | 2 TVDE | 4 DISTANTS | E BACIC OF | 6 LOCATION OF STATION | İ | |
| 1. CALL SIGN | 2. B'CAST | 3. TYPE OF | 4. DISTANT? | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL NUMBER | STATION | (Yes or No) | (If Distant) | | | |
| | NOMBER | STATION | | (II Distant) | | 1 | |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | 3 · 3 · 2 · 1 · 2 · 1 | Name |
| | | | | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | |
| · | | | , , | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary Transmitters: |
| substitute program bas Substitute Basis S | | | . • . | s carried by your c | able system on a substitute program | Television |
| basis under specifc FC | | | - | | , | 10.01.0.0 |
| Do not list the station | here in space | G—but do lis | st it in space I (th | ne Special Stateme | ent and Program Log)—if the | |
| station was carried | • | | | | | |
| 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 fo | | sian. Do not | report origination | n program service | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list eacl | n stream separately; for example | |
| | | | - | | on for broadcasting over-the-air in | |
| • | • | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a netwo | ork station, an inde | pendent station, or a noncommercial | |
| | | | | | ast), "I" (for independent), "I-M" | |
| - | - | • | , , | | mmercial educational multicast). | |
| For the meaning of the | ese terms, see l | page (v) of th | e general instru | ctions located in th | ne paper SA3 form. | |
| | | | | | s". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | • | · · | stating the basis on which your | |
| carried the distant stat | | - | | • | ering "LAC" if your cable system | |
| | • | | | | payment because it is the subject | |
| | | | | | tem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| · · | - | | | | d in the paper SA3 form. to which the station is licensed by the | |
| | | | | - | which the station is identifed. | |
| Note: If you are utilizing | | | | • | | |
| , | - | • • | EL LINE-UP | | · | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | 6. LOCATION OF STATION | |
| SIGN | NUMBER | STATION | ` ′ | (If Distant) | | |
| | NOWBER | OTATION | | (II Distant) | | 1 |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | 3 · 3 · 2 · · 2 · · · · · · · · · · · · | Name |
| | | | | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | |
| · | | | , , | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary Transmitters: |
| substitute program bas | | | | s carried by your ca | able system on a substitute program | Television |
| basis under specifc F0 | | | | | , | 10.01.0.0 |
| Do not list the station | here in space | G—but do lis | t it in space I (th | ie Special Stateme | ent and Program Log)—if the | |
| station was carried | - | | | | | |
| 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 fo | | sian. Do not | report origination | n program service | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | \-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| | | | - | | on for broadcasting over-the-air in | |
| | - | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a netwo | ark station, an inde | pendent station, or a noncommercial | |
| | | | | | ast), "I" (for independent), "I-M" | |
| · | - | • | , , | | mmercial educational multicast). | |
| For the meaning of the | ese terms, see | page (v) of th | e general instru | ctions located in th | ne paper SA3 form. | |
| | | | | | es". If not, enter "No". For an ex- | |
| planation of local servi | | | | | e paper SA3 form. Stating the basis on which your | |
| 1 | | | - | <u>=</u> " | ering "LAC" if your cable system | |
| carried the distant stat | | - | | • | - | |
| | - | | | | payment because it is the subject | |
| _ | | | | • | stem or an association representing | |
| • | | | • | • . | ry transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further d in the paper SA3 form. | |
| | - | | | | to which the station is licensed by the | |
| | | | | - | which the station is identifed. | |
| Note: If you are utilizing | | | | • | | |
| | | CHANN | EL LINE-UP | AR | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
| | NUMBER | STATION | ` ′ | (If Distant) | | |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | | Name |
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| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | |
| | | | | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary |
| substitute program bas | | | . • . | s carried by your c | able system on a substitute program | Transmitters: Television |
| basis under specifc FC | | | - | s carried by your o | able system on a substitute program | 10104131011 |
| • | . • | | | ne Special Stateme | ent and Program Log)—if the | |
| station was carried | only on a subs | titute 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 fo | | sian Do not | report origination | n program service | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| | | | - | | on for broadcasting over-the-air in | |
| • | - | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a netwo | ork station, an inde | pendent station, or a noncommercial | |
| | | | | | ast), "I" (for independent), "I-M" | |
| - | - | • | , , | | mmercial educational multicast). | |
| For the meaning of the | ,, , | | ,, | , | , | |
| | | | | | es". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | • | · · | stating the basis on which your | |
| carried the distant stat | | - | | • | ering "LAC" if your cable system | |
| | - | | | | payment because it is the subject | |
| | | | | | stem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| · · | - | | | | d in the paper SA3 form. to which the station is licensed by the | |
| | | | | - | which the station is identifed. | |
| Note: If you are utilizing | | | | • | | |
| , | - | • • | EL LINE-UP | | · | |
| 4 CALL | 2 P'CAST | 2 TVDE | 4 DISTANTS | E BACIC OF | 6 LOCATION OF STATION | † |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE | | |
| | NOMBER | STATION | | (If Distant) | | + |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | | |
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| NELSONVILLE | | | | | | Name | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | |
| carried by your cable s | system during the | ne accounting | g period, except | (1) stations carried | and low power television stations) d only on a part-time basis under | G | |
| 76.59(d)(2) and (4), 76 substitute program bas | 6.61(e)(2) and (sis, as explaine | 4), or 76.63 (r d in the next | referring to 76.6 paragraph. | 1(e)(2) and (4))]; a | ain network programs [sections nd (2) certain stations carried on a able system on a substitute program | Primary Transmitters: 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 spa formation cond | ice I, if the sta | | | ute basis and also on some other f the general instructions located | | |
| Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example | | | | | | | |
| | | | - | | on for broadcasting over-the-air in may be different from the channel | | |
| | in each case v | whether the st | | | pendent station, or a noncommercial ast), "I" (for independent), "I-M" | | |
| For the meaning of the Column 4: If the st | ese terms, see ation is outside | page (v) of the | e general instruc vice area, (i.e. "c | ctions located in th distant"), enter "Ye | s". If not, enter "No". For an ex- | | |
| cable system carried the | ave entered "Yo he distant statio | es" in column on during the | 4, you must cor accounting period | nplete column 5, s od. Indicate by ent | stating the basis on which your ering "LAC" if your cable system | | |
| of a written agreement | sion of a distant t entered into o | multicast stren or before Ju | eam that is not s ine 30, 2009, be | subject to a royalty tween a cable sys | payment because it is the subject tem or an association representing | | |
| tion "E" (exempt). For sexplanation of these th | simulcasts, also nree categories | o enter "E". If , see page (v | you carried the o | channel on any oth instructions locate | y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the | | |
| | Canadian statio | ns, if any, giv | e the name of th | ne community with | which the station is identifed. | | |
| | | CHANN | EL LINE-UP | AT | | | |
| 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 | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | | Name |
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| PRIMARY TRANSMITTE | | | | | | |
| | | | | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary |
| substitute program bas | | | | s carried by your c | able system on a substitute program | Transmitters: Television |
| basis under specifc F0 | | | | o carriou by your or | able system on a substitute program | 10104131011 |
| · · | | | | ie Special Stateme | ent and Program Log)—if the | |
| station was carried | only on a subs | titute 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 fo | | sian Do not | report origination | n program service: | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | \-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| WETA-simulcast). Column 2: Give the | e channel numb | per the FCC h | nas assigned to | the television stati | on for broadcasting over-the-air in | |
| | • | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | | | | |
| | | | | | pendent station, or a noncommercial | |
| · | - | • | , , | | ast), "I" (for independent), "I-M" mmercial educational multicast). | |
| For the meaning of the | ,, , | | ,, | , | , | |
| | | | | | s". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | - | <u>=</u> " | stating the basis on which your | |
| | | - | | • | ering "LAC" if your cable system | |
| carried the distant stat | • | | | | payment because it is the subject | |
| | | | | | tem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| | - | | | | d in the paper SA3 form. | |
| | | | | - | to which the station is licensed by the which the station is identifed. | |
| Note: If you are utilizing | | | | • | | |
| | | • • | EL LINE-UP | • | | |
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| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | 3 · 3 · 2 · · 2 · · · · · · · · · · · · | Name |
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| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | |
| | | | | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary Transmitters: |
| substitute program bas Substitute Basis S | | | | s carried by your ca | able system on a substitute program | Television |
| basis under specifc FC | | | | | , | 10.01.0.0 |
| Do not list the station | here in space | G—but do lis | t it in space I (th | e Special Stateme | ent and Program Log)—if the | |
| station was carried | - | | | | | |
| · · | formation cond | | | | ute basis and also on some other f the general instructions located | |
| | | sian. Do not | report origination | n program service | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| cast stream as "WETA | \-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| | | | - | | on for broadcasting over-the-air in | |
| • | - | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a netwo | ark station, an inde | pendent station, or a noncommercial | |
| | | | | | ast), "I" (for independent), "I-M" | |
| - | - | • | , , | | mmercial educational multicast). | |
| For the meaning of the | ese terms, see | page (v) of th | e general instru | ctions located in th | ne paper SA3 form. | |
| | | | | | es". If not, enter "No". For an ex- | |
| planation of local servi | | | | | | |
| 1 | | | - | <u>=</u> " | stating the basis on which your | |
| carried the distant stat | | - | | • | ering "LAC" if your cable system | |
| | - | | | | payment because it is the subject | |
| | | | | | stem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| · · | - | | | | d in the paper SA3 form. to which the station is licensed by the | |
| | | | | - | which the station is identifed. | |
| Note: If you are utilizing | | | | • | | |
| , | | • • | EL LINE-UP | • | · | |
| 4 CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | E BACIC OF | 6 LOCATION OF STATION | İ |
| 1. CALL SIGN | CHANNEL | OF | | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | |
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| LEGAL NAME OF OWN | JER OF CABLE SY | STEM. | | | SYSTEM ID# | |
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| NELSONVILLE | | | | | 3 · 3 · 2 · · 2 · · · · · · · · · · · · | Name |
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| PRIMARY TRANSMITTE | | | | | | |
| · | | | , , | | and low power television stations) d only on a part-time basis under | G |
| | | | | • | ain network programs [sections | |
| . , . , | . , . , | , | - | 1(e)(2) and (4))]; a | nd (2) certain stations carried on a | Primary |
| substitute program bas | | | | s carried by your c | able system on a substitute program | Transmitters: Television |
| basis under specifc F0 | | | | o carriou by your or | able system on a substitute program | TCICVISION |
| · · | . • | | | ie Special Stateme | ent and Program Log)—if the | |
| station was carried | only on a subs | titute basis. | | | | |
| basis. For further in | formation cond | | | | ute basis and also on some other f the general instructions located | |
| in the paper SA3 fo | | sian. Do not | report origination | n program service: | s such as HBO, ESPN, etc. Identify | |
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| cast stream as "WETA | A-2". Simulcast | streams mus | t be reported in | column 1 (list each | n stream separately; for example | |
| WETA-simulcast). Column 2: Give the | e channel numl | per the FCC h | nas assigned to | the television stati | on for broadcasting over-the-air in | |
| | - | | annel 4 in Wash | nington, D.C. This | may be different from the channel | |
| on which your cable sy | | | tation is a natura | urk atation on inda | nondent station or a nencommercial | |
| | | | | | ependent station, or a noncommercial ast), "I" (for independent), "I-M" | |
| · | - | • | , , | | emmercial educational multicast). | |
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| planation of local servi | | | | | | |
| 1 | | | - | <u>=</u> " | stating the basis on which your | |
| capie system carried to | | - | | • | ering "LAC" if your cable system | |
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| | | | | | stem or an association representing | |
| the cable system and | a primary trans | mitter or an a | ssociation repre | senting the primar | y transmitter, enter the designa- | |
| ` ', | | | • | • | her basis, enter "O." For a further | |
| | - | | | | d in the paper SA3 form. | |
| | | | | - | to which the station is licensed by the | |
| Note: If you are utilizing | | | | • | which the station is identifed. | |
| Trotor in you are dained | ig manipio onai | • • | EL LINE-UP | • | onamio mio ap. | - |
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| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
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ACCOUNTING PERIOD: 2021/2 FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **NELSONVILLE TV CABLE INC.** 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 AM or FM LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D S/D

| FORM SA3E. PAGE 5. | | | | | | ACCOUNTING | PERIOD: 2021/2 | | | |
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| LEGAL NAME OF OWNER OF | | EM: | | | 5 | SYSTEM ID# | Nome | | | |
| NELSONVILLE TV CAE | BLE INC. | | | | | | Name | | | |
| SUBSTITUTE CARRIAGE | : SPECIAL | STATEMEN | T AND PROGRAM LOG | | | | | | | |
| In General: In space I, identi substitute basis during the ac | ccounting pe | riod, under spe | ecific present and former FC | C rules, regul | ations, or authorizations. | For a further | Substitute | | | |
| explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. | | | | | | | | | | |
| 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? | | | | | | | | | | |
| Note: If your answer is "No, | | rest of this pag | ge blank. If your answer is ' | 'Yes," you mι | · | • | Program Log | | | |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | itute progra ce, please a of every nor distant stati gulations, o tion. Do no .ucy" or "NB n was broad sign of the s idcast statio adian statio th and day v e "5/7." es when the Example: a er "R" if the l and regulatio ogramming | m on a separa attach additional attach additional and that your authorization to use general of A Basketball: least live, enter attach broadcan's location (thins, if any, the when your system of the program carrillisted program ons in effect during attachment of the program ons in effect during attachment of the program on a sin effect during attachment of the program on a sin effect during the program on a sin effect during the program on a sin effect during the program on a sin effect during the program on a sin effect during the program of the program on a sin effect during the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the pro | al pages. Ision program (substitute pur cable system substitute s. See page (vi) of the geneategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute purchase of the substitute program was carried by your orded by a system from 6:01: was substituted for programing the accounting period | rogram) that, d for the progeral instruction is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station is lice station i | during the accounting tramming of another state on slocated in the paper. List specific program onsed by the FCC or, in ntified). List the times accurate the times accurate the state of p.m. should be the cour system was require tter "P" if the listed pro | tion nth | | | | |
| | | E PROGRAM | | | EN SUBSTITUTE | 7. REASON | | | | |
| | 2. LIVE? | 3. STATION'S | | CARRIAGE OCCURRED 5. MONTH 6. TIMES | | FOR DELETION | | | | |
| TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — TO | | | | | |
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ACCOUNTING PERIOD: 2021/2 FORM SA3E, PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **NELSONVILLE TV CABLE INC.** PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "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." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED CALL SIGN CALL SIGN HOURS HOURS DATE **FROM** TO DATE **FROM** TO

| | AL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|-------------------------------------------------------|
| | LSONVILLE TV CABLE INC. | | 01012m lb# | Name |
| Inst all a (as | OSS RECEIPTS tructions: The figure you give in this space determines the form you file and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secon identified in space E) during the accounting period. For a further explanation of how to cope (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. | dary transmission | service | K Gross Receipts |
| IMP | PORTANT: You must complete a statement in space P concerning gross receipts. | | gross receipts) | |
| InstruConIf your feeIf you accompany | ARRIGHT ROYALTY FEE Juctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. In pour system did not carry any distant television stations, leave block 3 blank. Enter the amount of the block 1 on line 1 of block 4, and calculate the total royalty fee. In pour system did carry any distant television stations, you must complete the applicable part ompanying this form and attach the schedule to your statement of account. | ts of the DSE Sche | edule | L Copyright Royalty Fee |
| | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ck 3 below. | entered on line 1 d |)I | |
| | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be er elow. | ntered on line 2 in b | olock | |
| | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below. | d be entered on lir | ie | |
| 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. | \$ | 926,160.00 | |
| | Enter the result here. This is your minimum fee. | \$ | 9,854.34 | |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ispace G. If, in space G, you identified any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and | n 4, you must chec | k | |
| 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. | \$ | 1,938.43 | |
| | 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. | \$ | 1,938.43 | |
| 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. | \$ | 9,854.34 | 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 |
| | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | \$ | 238.96 | deposits under Section 111(d)(7) should contact |
| | Line 4. FILING FEE | \$ | 725.00 | additional fees. |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. | • | 40.040.00 | Division for the appropriate form for |
| | Add Lines 1, 2 and 3 of block 4 and enter total here | <u> </u> | 10,818.30 | submitting the additional fees. |
| | | | | |
| | Remit this amount via electronic payment payable to Register of Copyrights. (See | · | | |
| | general instructions located in the paper SA3 form and the Excel instructions tab | for more information | <u>on.)</u> | |

ACCOUNTING PERIOD: 2021/2

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: NELSONVILLE TV CABLE INC. | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| M Channels | CHANNELS 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations. | |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. | |
| N Individual to | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) | |
| Be Contacted for Further Information | Name ALMA HOXHA, CINNAMON MUELLER Telephone 314-462-9000 | |
| | Address 1714 Deer Tracks Trail, STE 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip) | |
| | Email ahoxha@cinnamonmueller.com Fax (optional) | |
| 0 | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) | |
| 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 identified in line 1 of space B; or | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or | |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. | |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] | |
| | X /s/ Betty Edwards | |
| | Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings. | |
| | Typed or printed name: Betty Edwards | |
| | Title: Co-Owner (Title of official position held in corporation or partnership) | |
| | Date: August 2, 2024 | |

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office'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 filing, a determination that would be made by a court of law.

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID: | # Name |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| NELSONVILLE TV CABLE INC. | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address Mailing Address | |
| INTEREST ASSESSMENTS | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| x 1% | _ |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | _ |
| x 885 days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | _ |
| x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, | |
| space L (page 7) | _ |
| (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. | |
| Owner Address | |
| First community served | |
| Accounting period | |
| ID number | |

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office 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 Office'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 filing, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2021/2 DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

Step 2: Calculate the station's basis of carriage value: The DSE of

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

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

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

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

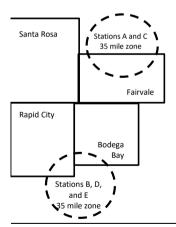
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

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

ACCOUNTING PERIOD: 2021/2

| DSE SCHEDULE. PAGE | i i | | | | | | | | |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------|------------------|--------------------------|---------|--|--|--|
| 1 | LEGAL NAME OF OWNER OF CABLE SYSTEM: NELSONVILLE TV CABLE INC. SYSTEM ID# | | | | | | | | |
| <u> </u> | | | | | | | | | |
| | SUM OF DSEs OF CATEGORY "O" STATIONS: | | | | | | | | |
| | Add the DSEs of each station | | | | | | | | |
| | Enter the sum here and in line | 1.50 | _ | | | | | | |
| | Instructions: | | | | | | | | |
| | In the column headed "Call S | ign": list the cal | signs of all distant stations in | dentified by the | e letter "O" in column 5 | | | | |
| Computation | of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- | | | | | | | | |
| | mercial educational station, give | | | 45 1.0 , 101 0 | den network of noncom- | | | | |
| Category "O" | , g | | CATEGORY "O" STATION | S: DSEs | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| | WCHS | 0.250 | | | 5.1223.0 | | | | |
| | WCHS-DT2 | 0.250 | | | | | | | |
| | , | | | | | | | | |
| | WCHS-DT3 | 1.000 | | | | | | | |
| | | | | | | | | | |
| Add rows as | | | | | | | | | |
| necessary. | | | | | | | | | |
| Remember to copy all | | | | | | | | | |
| formula into new | | | | | | | | | |
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| rows. | | | | | | | | | |
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| Name | | LE TV CABLE INC. | | | | | S | SYSTEM ID# |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should Column 3 Column 4 be carried ou Column 5 give the type- Column 6 | CAPACITY st the call sign of all dista the call sign of all dista from each station, give the recorrespond with the inform the properties of the column the call the figure in column the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call the call t | he number of mation given he total numb umn 2 by the f mal point. This station, give the lumn 4 by the | hours your cable syster in space J. Calculate or er of hours that the stati igure in column 3, and g is the "basis of carriagne "type-value" as "1.0." | n carried the stati nly one DSE for e- on broadcast ove give the result in c e value" for the st For each network | con during the accounting ach station. If the air during the accounting the air during the accounting the accounting the accounting the accounting the accounting the accounting the air during the air during the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the accounting the acco | unting period. s figure must ational station, | |
| Capacity | | (| CATEGOR | Y LAC STATIONS: | COMPUTATI | ON OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEI | R JRS ED BY | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS OF CARRIAG VALUE | 5. TYPE | | SE . |
| | | | ÷ | | = | x | = | |
| | | | ÷ | | = | x x | = | |
| | | | ÷ | | = | x | = | |
| | | | ÷ | | = | x | = | |
| | | | ÷ | | = | x x | | |
| | | | ÷ | | = | x | = | |
| | Add the DSEs | of CATEGORY LAC So of each station. Im here and in line 2 of page 2. | | chedule, | | 0.00 | | |
| Computation of DSEs for Substitute-Basis Stations | Was carried tions in effections in effections in effections. Broadcast of space I). Column 2: at your option. Column 3: Column 4: | te the call sign of each stated by your system in substact on October 19, 1976 (cone or more live, nonnetwork). For each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's DSE of the station's | itution for a pr as shown by to ork programs of number of liv spond with the s in the calend on 2 by the fig | rogram that your system the letter "P" in column aduring that optional carries, nonnetwork programs information in space I. lar year: 365, except in sure in column 3, and given. | was permitted to 7 of space I); and age (as shown by the s carried in substitute a leap year. | delete under FCC rules the word "Yes" in column 2 itution for programs that volumn 4. Round to no less | of were deleted than the third | n). |
| | | SU | JBSTITUTE | E-BASIS STATION | IS: COMPUTA | ATION OF DSEs | 1 | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMB OF DA IN YEA | YS | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
| | | - | | = | | ÷ | | = |
| | | 4 | ÷ | = | | ÷ | | |
| | | 4 | ÷ | = | | ÷ | | = |
| | | 4 | : | = | | ÷ | | = |
| | Add the DSEs | s OF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa | | | | 0.00 | | - |
| 5 | | ER OF DSEs: Give the am s applicable to your system | | boxes in parts 2, 3, and | 4 of this schedule | and add them to provide t | the total | |
| Total Number | 1. Number | of DSEs from part 2 ● | | | | - | 1.50 | |
| of DSEs | 2. Number | of DSEs from part 3 ● | | | | <u> </u> | 0.00 | |
| | 3. Number | of DSEs from part 4 ● | | | | > | 0.00 | |
| | TOTAL NUMBE | ER OF DSEs | | | | | | 1.50 |

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

| LEGAL NAME OF O | WNER OF CABLE | SYSTEM: | | | | | S | YSTEM ID# | |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------|-----------|--------------------------------------------|
| NELSONVILLE | TV CABLE IN | C. | | | | | | | Name |
| Instructions: Bloc In block A: • If your answer if " schedule. • If your answer if " | Yes," leave the re | mainder of pa | | of the DSE schedu | ule blank and o | complete part t | 8, (page 16) of the | , | 6 |
| | | | | ELEVISION MA | | | | | Computation of 3.75 Fee |
| - | 1981? | schedule—D0 | , | er markets as define | | | C rules and regula | tions in | |
| | | BLO | CK B: CARR | IAGE OF PERM | /IITTED DS | Es | | | _ |
| Column 1: CALL SIGN | FCC rules and re | egulations pric ne DSE Sched | r to June 25, 1 Iule. (Note: The | part 2, 3, and 4 of the 981. For further ex eletter M below ref act of 2010.) | planation of p | ermitted statio | ns, see the | , | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerce D Grandfatherec instructions fo E Carried pursua | alles and regulated pursuant to on as defined all educational distation (76.6 or DSE scheduant to individu | ations cited belothe FCC markin 76.5(kk) (76 station [76.59 5) (see paragrale). | | e in effect on J .57, 76.59(b), (1), 76.63(a) r 8(a) referring to stitution of gran | lune 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] ndfathered sta | 6.63(a) referring to | | |
| Column 3: | G Commercial U M Retransmission | IHF station wi on of a distant | thin grade-B co multicast strea | e or substitute basi ontour, [76.59(d)(5) am. parts 2, 3, and 4 of | , 76.61(e)(5), | 76.63(a) refer | ring to 76.61(e)(5) | 1 | |
| Goldmin 6. | | e stations ider | ntified by the le | tter "F" in column 2 | | | ksheet on page 1 | 4 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 | |
| WCHS | D | 0.25 | | | | | | | |
| WCHS-DT2 | M | 0.25 | | | | | | | |
| WCHS-DT3 | M | 1.00 | | | | | | | |
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| | | | | | | | | 1.50 | _ |
| | | E | BLOCK C: CC | MPUTATION OF | 3.75 FEE | | | | |
| Line 1: Enter the | total number of | DSEs from p | part 5 of this s | chedule | | | | | |
| Line 2: Enter the | sum of permitte | d DSEs from | ı block B abo | /e | | | | | |
| Line 3: Subtract I (If zero, le | | | | of DSEs subject to of this schedule | | ate. | | | |
| Line 4: Enter gro | ss receipts from | space K (pa | ge 7) | | | | x 0.0 | 375 | Do any of the DSEs represent partially |
| Line 5: Multiply li | ne 4 by 0.0375 a | and enter sui | n here | | | | x | | permited/ partially nonpermitted |
| Line 6: Enter tota | l number of DSE | Es from line | 3 | | | | | | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply lii | ne 6 by line 5 an | d enter here | and on line 2 | 2, block 3, space | L (page 7) | | | 0.00 | |

| | OWNER OF CABLE IN | | | | | | S | YSTEM ID# | Name |
|-----------------|-----------------------|----------|-----------------|-----------------------|-----------|-----------------|-----------------------|-----------|-------------------------|
| | | BLOCK | A: TELEVIS | SION MARKETS | S (CONTIN | UED) | | | _ |
| 1. CALL SIGN | 2. PERMITTED BASIS | | 1. CALL SIGN | 2. PERMITTED BASIS | | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | | | | | | | | | Computation of 3.75 Fee |
| | | | | | | | | | 0.70100 |
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ACCOUNTING PERIOD: 2021/2

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

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: SYSTEM ID: NELSONVILLE TV CABLE INC. | # Name |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | Computation of the |
| | B. Enter the total number of exempt DSEs from block C of part 7 | Cundinated |
| | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8 | Surcharge |
| • Is an | y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. | |
| | SECTION 3: TOP 50 TELEVISION MARKET | |
| Section 3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below. | |
| | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | |
| | D. Multiply line B by line C and enter here | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | _ |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | |
| | C. Multiply line B by 3.000 and enter here | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | |
| | F. Multiply line D by line E and enter here | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | |
| Section 4a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. | |
| 1 a | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | |
| | D. Multiply line B by line C and enter here | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | |

| Name | | ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# |
|-------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | NELSONVILLE TV CABLE INC. |
| 7 | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. |
| Computation | | A. Enter 0.00300 of gross receipts (the amount in section 1) |
| of the Syndicated Exclusivity | | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ |
| Surcharge | | C. Multiply line B by 3.000 and enter here |
| | | D. Enter 0.00089 of gross receipts (the amount in section 1)▶ \$ |
| | | E. Subtract 4.000 from the total DSEs (the figure on line C in |
| | | section 2) and enter here |
| | | F. Multiply line D by line E and enter here |
| | | Enter here and on line 2, block 4, space L (page 7) |
| | | Syndicated Exclusivity Surcharge▶ \$ |
| | Instru | ctions: |
| 8 | | 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. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. |
| Computation | _ | r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. |
| of Base Rate Fee | If you blank | r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below |
| | | s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers |
| | | ocated within that station's local service area and others were located outside that area. For the definition of a station's "local |
| | service | e area," see page (v) of the general instructions. |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS |
| | • Did y | our cable system retransmit the signals of any partially distant television stations during the accounting period? |
| | | X Yes—Complete part 9 of this schedule. No—Complete the following sections. |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE |
| | Section 1 | Enter the amount of gross receipts from space K (page 7) |
| | Section | Enter the total number of permitted DSEs from block B, part 6 of this schedule. |
| | 2 | (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ |
| | Section | · |
| | 3 | If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. |
| | | A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ |
| | | B. Enter 0.00701 of gross receipts |
| | | (the amount in section 1) |
| | | C. Subtract 1.000 from total DSEs |
| | | (the figure in section 2) and enter here |
| | | D. Multiply line B by line C and enter here |
| | | E. Add lines A and D. This is your base rate fee. Enter here |
| | | and in block 3, line 1, space L (page 7) |
| | | Base Rate Fee |

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

| | ME OF OWNER OF CABLE SYSTEM: ONVILLE TV CABLE INC. | STEM ID# | Name |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------|
| Section If | the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank. | | |
| 1 | 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) * \$ | | Computation of Base Rate Fee |
| | C. Multiply line B by 3.000 and enter here ▶\$ | | Dase Nate i ee |
| | D. Enter 0.00330 of gross receipts (the amount in section 1) \$\bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigse | | |
| | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶ | | |
| | F. Multiply line D by line E and enter here > \$ | | |
| | G. Add lines A, C, and F. This is your base rate fee. | | |
| | Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ | 0.00 | |
| | ANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signer reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line | | 9 |
| In Gener | ral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to e | | Computation |
| | from subscribers located within the station's local service area, from your system's total gross receipts. To take advant n, you must: | age of this | of Base Rate Fee |
| station or DSEs an | vide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the r the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the n d the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | umber of | and Syndicated Exclusivity Surcharge for |
| also com | any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7 pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. le system is wholly located outside all major television markets, complete block A only. | | Partially Distant Stations, and |
| | dentify a Subscriber Group for Partially Distant Stations | | for Partially Permitted |
| | For each community served, determine the local service area of each wholly distant and each partially distant station your that community. | ou | Stations |
| outside th | For each wholly distant and each partially distant station you carried, determine which of your subscribers were located he station's local service area. A subscriber located outside the local service area of a station is distant to that station (sen, the station is distant to the subscriber.) | | |
| subscribe | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each er group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a c only one subscriber group when the distant stations it carried have local service areas that coincide. | able system | |
| Computi groups. | ing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's | subscriber | |
| In each s | section: | | |
| • Give the | the communities/areas represented by each subscriber group. e call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ers in the group. | е | |
| • If: | | | |
| | ystem is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in part hedule; or, | s 2, 3, and 4 | |
| , . | ortion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block of this schedule. | В, | |
| Add the | DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | |
| | te gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instru- paper SA3 form. | ctions | |
| Compute page. In DSEs for | . te a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the prece making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to solculations on the form. | the total | |

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

| LEGAL NAME OF OWNE NELSONVILLE TV | | | | | | | SYSTEM ID# | Name |
|--------------------------------------------------|--------|-----------------|---------------|--------------------------|--------------|-----------------------------|------------|------------------|
| ŀ | | COMPUTATION O | | ATE FEES FOR EAC | | BER GROUP SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | Athens | and Morgan Cou | ınties | COMMUNITY/ AREA | A Hocking | County | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | WCHS-DT2 | 0.25 0.25 | | | Base Rate Fee |
| | | | | WCHS-DT3 | 1.00 | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge for |
| | | | <u></u> | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
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| | | | | | | | | |
| Total DSEs | • | | 0.00 | Total DSEs | | | 1.50 | |
| Gross Receipts First G | roup | \$ 789 | 9,120.00 | Gross Receipts Sec | ond Group | \$ | 137,040.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 1,938.43 | |
| | THIRD | SUBSCRIBER GROU | JP | | FOURTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add th Enter here and in block | | | riber group a | II as shown in the boxes | above. | \$ | 1,938.43 | |

| NELSONVILLE ' | TV CABLE | INC. | | | | | | Name |
|---------------------|-------------------|-----------------|----------------|-----------------------|-----------|-----------------|------|-------------------------|
| | | | | ATE FEES FOR EAC | | | ID | |
| COMMUNITY/ ARE/ | | SUBSCRIBER GRO | 0 | COMMUNITY/ ARE. | | SUBSCRIBER GROU | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computati of |
| | | | | | | | | Base Rate |
| | | - | | | | - | | and |
| | | | | | | | | Syndicate Exclusivit |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| ross Receipts Firs | t Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| ase Rate Fee Firs | t Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GRO | | | EIGHTH | SUBSCRIBER GROU | JP | |
| OMMUNITY/ AREA | Α | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Thir | d Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Thir | d Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| | | | | Ш | | | | |
| ase Rate Fee: Add | | | criber group a | as shown in the boxes | above. | \$ | | |
| nor note and in bit | JON J, IIIIC 1, S | pace L (page 1) | | | | Ψ | | |

| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S' | YSTEM ID# | Name |
|------------------------------------|-------------|------------------------|------------|--------------------------|-------------|------------------|-----------|-------------------------|
| B | LOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | I SUBSCRI | BER GROUP | | |
| | NINTH | SUBSCRIBER GROU | | | TENTH | SUBSCRIBER GROUI | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| | | | | | | | | and |
| | | | | | | | | Syndicated |
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| Total DSEs | -1 | Ч | 0.00 | Total DSEs | _! | H | 0.00 | |
| | | | | | | | | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secor | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| Е | LEVENTH | SUBSCRIBER GROU | IP | | TWELVTH | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add the | e base rate | e fees for each subscr | iber group | as shown in the boxes al | bove. | | | |
| Enter here and in block | | | 9.546 | 20,00 01 | - - | \$ | | |
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| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | YSTEM ID# | Name |
|--------------------------------------------------|-------------------|-----------------|--------------|-------------------------|-----------|-----------------|-----------|------------------|
| E | BLOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | 1 SUBSCRI | BER GROUP | | |
| THI | RTEENTH | SUBSCRIBER GROU | JP | 11 | | SUBSCRIBER GROU | IP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fe |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
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| Total DSEs | • | | 0.00 | Total DSEs | | * : | 0.00 | |
| | | | | | | | | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| F | FTEENTH | SUBSCRIBER GROU | JP | | SIXTEENTH | SUBSCRIBER GROU | IP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | iroup | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| | | | | Ш | | | | |
| Base Rate Fee: Add th Enter here and in block | | | iber group a | as shown in the boxes a | bove. | s | | |
| Linei Here and III DIOCK | ا ک, ااا الا ۱, S | pace L (page /) | | | | 4 | | |

| BLOCK | A: COMPUTATION C | OF BASE RA | ATE FEES FOR EACH | H SUBSCRI | IBER GROUP | | |
|---------------------------|-------------------|-----------------------|----------------------------------------|-------------|-----------------|---------------|-------------------|
| | TH SUBSCRIBER GRO | | III | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ AREA | | | 0 | 9 Compu |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| otal DSEs | | 0.00 | Total DSEs | • | •• | 0.00 | |
| | | | | | | - | |
| ross Receipts First Group | <u>\$</u> | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| | | | | | | | |
| ase Rate Fee First Group | \$ | 0.00 | ll | | | 0.00 | |
| | Ψ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| NUNTEEN | I | <u>'</u> | | | i. | • | |
| | TH SUBSCRIBER GRO | DUP | - | TWENTIETH | SUBSCRIBER GROU | JP | |
| | I | <u>'</u> | | TWENTIETH | i. | • | |
| OMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| OMMUNITY/ AREA | TH SUBSCRIBER GRO | DUP | - | TWENTIETH | i. | JP | |
| OMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| OMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| OMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| OMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| OMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
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| COMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
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| COMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| OMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| CALL SIGN DSE | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | |
| CALL SIGN DSE | TH SUBSCRIBER GRO | DUP 0 | COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GROU | DSE | |
| COMMUNITY/ AREA | TH SUBSCRIBER GRO | DUP DSE DOSE O.000 | COMMUNITY/ AREA CALL SIGN Total DSEs | DSE | CALL SIGN | DSE DSE D.000 | |
| CALL SIGN DSE | TH SUBSCRIBER GRO | DUP DSE DOSE O.000 | COMMUNITY/ AREA CALL SIGN Total DSEs | DSE h Group | CALL SIGN | DSE DSE D.000 | |

| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | YSTEM ID# | Name |
|---------------------------------------------------|----------|-----------------|------------|-------------------------|----------|-----------------|-----------|------------------|
| B | LOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| | | SUBSCRIBER GROU | | 11 | | SUBSCRIBER GROU | Р | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Commutation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| 0,122 0.0.1 | 302 | 07122 01011 | | 07.22 0.0.1 | 202 | 07.22 0.011 | 302 | Base Rate Fe |
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| Total DSEs | • | ч | 0.00 | Total DSEs | | | 0.00 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secor | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| TWEN | TY-THIRD | SUBSCRIBER GROU | JP | TWENT | Y-FOURTH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
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| | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EACH | SUBSCR | BER GROUP | | |
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| TWENTY- | -SEVENTH | SUBSCRIBER GRO | UP | TWEN | TY-EIGHTH | SUBSCRIBER GROU | JP | |
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| Base Rate Fee Third C | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group a | as shown in the boxes al | bove. | \$ | | |

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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | YSTEM ID# | Name |
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| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| THIR | RTY-FIFTH | SUBSCRIBER GROU | | ii e | IRTY-SIXTH | SUBSCRIBER GROU | IP | |
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| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EACH | | BER GROUP SUBSCRIBER GROUI | D | |
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| F | | COMPUTATION (| | TE FEES FOR EAC | | BER GROUP SUBSCRIBER GROI | JP | |
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| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group a | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | YSTEM ID# | Name |
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| B | LOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | I SUBSCRI | BER GROUP | | |
| | | SUBSCRIBER GROU | | 11 | | SUBSCRIBER GROU | Р | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
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| Total DSEs | | | | | | | | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| FORTY- | SEVENTH | SUBSCRIBER GROU | IP | FOR | TY-EIGHTH | SUBSCRIBER GROU | Р | |
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| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | YSTEM ID# | Name |
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| E | BLOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | 1 SUBSCRI | BER GROUP | | |
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| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | SYSTEM ID# | Name |
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| | BLOCK A: | COMPUTATION O | BASE RA | ATE FEES FOR EACH | H SUBSCR | BER GROUP | | |
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| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
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| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes a | above. | s | | |
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| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | SYSTEM ID# | Name |
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| В | LOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | H SUBSCRI | BER GROUP | | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| ross Receipts First Group | \$ | | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | | |
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| ase Rate Fee First Group | \$ | | 0.00 | Base Rate Fee Seco | | \$ | 0.00 | | |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
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| Base Rate Fee Third Group | \$ | | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | | |

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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Base Rate Fee First Gr | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
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| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | SYSTEM ID# | Name |
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| | | | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
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| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| ONE HUNDRED TWENTY | -SEVENTH | SUBSCRIBER GROUP | | ONE HUNDRED TWE | NTY-EIGHTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | oup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | oup | \$ | 0.00 | Base Rate Fee Fourth | ı Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: NELSONVILLE TV CABLE INC. SYSTEM ID# | | | | | | | | |
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| | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EAC | CH SUBSCR | BER GROUP | | |
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| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| ase Rate Fee First | | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | |
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| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | YSTEM ID# | Name |
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| | | COMPUTATION OF SUBSCRIBER GROUP | BASE RA | 11 | | BER GROUP SUBSCRIBER GROUP | 0 | 9 |
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| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
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| Gross Receipts Third Gr | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | YSTEM ID# | Name |
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| NELSONVILLE TV | | SYSTEM: NC. | | | | S | YSTEM ID# | Name |
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| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
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| ONE HUNDRED FOR | | COMPUTATION OF SUBSCRIBER GROUP | | 11 | | BER GROUP SUBSCRIBER GROUP | | 9 | | | |
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| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | | | | |
| ONE HUNDRED FORTY | -SEVENTH | SUBSCRIBER GROUP | | ONE HUNDRED FO | RTY-EIGHTH | SUBSCRIBER GROUP | | | | | |
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| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | | | | |
| Base Rate Fee: Add the | e base rate | e fees for each subscri | iber group a | as shown in the boxes al | bove. | | | | | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: NELSONVILLE TV CABLE INC. SYSTEM ID# | | | | | | | | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee: Add | the base rat | te fees for each subs | criber group a | as shown in the boxes | above. | | | |
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| LEGAL NAME OF OWNER NELSONVILLE TV | | | | | | S | YSTEM ID# | Name |
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| NELSONVILLE TV | | | | | | SY | STEM ID# | Name |
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| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
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| Base Rate Fee First Gro | | \$ | 0.00 | Base Rate Fee Second | | \$ | 0.00 | |
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| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t | he base rat | e fees for each subs pace L (page 7) | criber group a | as shown in the boxes | above. | | | |

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Form SA3E Long Form (Rev. 05-17)

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| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ | 0.00 | |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ | | |
| | 0.00 | |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | 0.00 | |

| LEGAL NAME OF OWNE NELSONVILLE TV | | | | | | : | SYSTEM ID# | Name |
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| | BLOCK A: | COMPUTATION (| OF BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
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| otal DSEs | | Ш | 0.00 | Total DSEs | | | 0.00 | |
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| oross receipts i list c | Toup | \$ | 0.00 | Gross receipts dec | ona Group | y | 0.00 | |
| ase Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDF | RED THIRD | SUBSCRIBER GRO | DUP | ONE HUNDE | RED FOURTH | SUBSCRIBER GRO | UP | |
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| otal DSEs | | II | 0.00 | Total DSEs | | | 0.00 | |
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| Gross Receipts Third (| ыоир | \$ | 0.00 | Gross Receipts Fou | ıııı Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add th | | e fees for each subs pace L (page 7) | criber group a | II as shown in the boxes | above. | | | |

| LEGAL NAME OF OWNE NELSONVILLE TV | | | | | | • | SYSTEM ID# | Name |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roun | \$ | 0.00 | Gross Receipts Sec | and Group | \$ | 0.00 | |
| noos recoupis i not of | оир | <u>*</u> | 0.00 | Cross receipts eee | ona Group | | 0.00 | |
| ase Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED | SEVENTH | SUBSCRIBER GRO | DUP | ONE HUND | RED EIGHTH | SUBSCRIBER GRO | UP | |
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| Base Rate Fee: Add th | e base rat e | e fees for each subs | criber group a | II | above. | | | |

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| Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations DSES 0.00 Rate Fee Second Group \$ 0.00 ONE HUNDRED TWELVTH SUBSCRIBER GROUP MUNITY/ AREA 0 | DSE | IICOMMUNITY/ ARFA | <u> 0</u> | SUBSCRIBER GROU | ED NINTH | ONE HUNDR COMMUNITY/ AREA |
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| MUNITY/ AREA 0 | l Group | Base Rate Fee Seco | 0.00 | \$ | oup | a se Rate Fee First Gr |
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **NELSONVILLE TV CABLE INC.** 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 of First 50 major television market Second 50 major television market 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. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **NELSONVILLE TV CABLE INC.** 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 of First 50 major television market Second 50 major television market 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. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. 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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE First Group Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **NELSONVILLE TV CABLE INC.** 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 of First 50 major television market Second 50 major television market 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. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. 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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE First Group Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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| C | Cable Worksheet | Total amount of remittance | Numb | per of SAs rec'd | lı | nitials | |
|-------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------|--------------------|------------------|----------|----------|--|
| | | Date of remittance | _ ☐ Check | □ EFT | ☐ FILING | G FEES | |
| Cable ID # | | | | | Amount | Initials | |
| Examined by | Reviewed by | Date examination completed | Allocation | number | | | |
| Space A Accounting | (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces) | | | | | | |
| Period | ☐ Letter sent ☐ Information received | | | | | | |
| | ☐ Accepted | ☐ Accepted ☐ Phone call/Date/Contact | | | | | |
| Space B Owner | | | | | | | |
| | □ Letter sent □ Information received | | | | | | |
| | ☐ Accepted ☐ Phone call/Date/Contact | | | | | | |
| Space D Area Served | | | | | | | |
| | ☐ Letter sent ☐ Information received | | | | | | |
| | ☐ Accepted | ccepted | | | | | |
| Space E Secondary Transission | | | | | | | |
| Service Subscribers: | ☐ Letter sent ☐ Information received | | | | | | |
| and Rates | ☐ Accepted ☐ Phone call/Date/Contact | | Contact | | | | |
| Space G Primary Transmitters: | | | | | | | |
| Television | ☐ Letter sent | ☐ Information received | | | | | |
| | ☐ Accepted | ☐ Phone call/Date/Contact | | | | | |
| Space H Primary Transmitters: | | | | | | | |
| Radio | ☐ Accepted | | ☐ Phone call/Date/ | Contact | | | |

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 | |
| ☐ Accepted | ☐ 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 | |
| | | Cuasa M |
| | | Space M Channels |
| □ Letter sent | ☐ Information received | |
| ☐ Letter sent | ☐ Information received ☐ Phone call/Date/Contact | |
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| | | Channels Space O |
| ☐ Accepted | ☐ Phone call/Date/Contact | Channels Space O |
| ☐ Accepted | ☐ Phone call/Date/Contact ☐ Information received | Channels Space O |
| ☐ Accepted | ☐ Phone call/Date/Contact ☐ Information received | Space O Certification Space P Statement of |
| ☐ Accepted ☐ Letter sent ☐ Accepted | ☐ Phone call/Date/Contact ☐ Information received ☐ Phone call/Date/Contact | Space O Certification Space P Statement of |
| ☐ Accepted ☐ Letter sent ☐ Accepted ☐ Letter sent | ☐ Phone call/Date/Contact ☐ Information received ☐ Phone call/Date/Contact ☐ Information received | Space O Certification Space P Statement of |
| ☐ Accepted ☐ Letter sent ☐ Accepted ☐ Letter sent | ☐ Phone call/Date/Contact ☐ Information received ☐ Phone call/Date/Contact ☐ Information received | Space O Certification Space P Statement of Gross Receipts Space Q Interest |