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               |
| 8/16/24       | \$ ALLOCATION NUMBER |
|               |                      |

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| Α          | AC                 | COUNTING PERIOD COVERED BY THIS STATEMENT:  |                       |                              |             |         |  |  |  |  |
|------------|--------------------|---|-----------------------|------------------------------|-------------|---------|--|--|--|--|
| Accounting |                    | 2024/1  |                       |                              |             |         |  |  |  |  |
| Period     |                    |   |                       |                              |             |         |  |  |  |  |
| B<br>Owner | rate               | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  014832 |                       |                              |             |         |  |  |  |  |
|            |                    | , , , ,   | number assigned by    | The Licensing Division.      | _           | 014032  |  |  |  |  |
|            | LE                 | GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM   |                       |                              |             |         |  |  |  |  |
|            |                    | WideOpenWest, Inc. Wide Open West Mid-Michigan LLC  |                       |                              |             |         |  |  |  |  |
|            |                    | wide Open west mid-michigan LLC   |                       |                              |             |         |  |  |  |  |
|            |                    |   |                       |                              | 01483       | 220241  |  |  |  |  |
|            |                    |   |                       |                              | 014832      | 2024/1  |  |  |  |  |
|            |                    |   |                       |                              |             |         |  |  |  |  |
|            |                    | 7887 E. Belleview Ave., Ste. 1000   |                       |                              |             |         |  |  |  |  |
|            |                    | Englewood, CO 80111-6007  |                       |                              |             |         |  |  |  |  |
| С          | INS                | TRUCTIONS: In line 1, give any business or trade names used to i  | identify the busine   | ess and operation of the sys | tem unles   | s these |  |  |  |  |
| C          | nan                | nes already appear in space B. In line 2, give the mailing address o  | of the system, if dif | ferent from the address giv  | en in spac  | e B.    |  |  |  |  |
| System     | 1                  | IDENTIFICATION OF CABLE SYSTEM:   |                       |                              |             |         |  |  |  |  |
|            |                    | MAILING ADDRESS OF CABLE SYSTEM:  |                       |                              |             |         |  |  |  |  |
|            | 2                  | (Number, street, rural route, apartment, or suite number)   |                       |                              |             |         |  |  |  |  |
|            |                    | (City, town, state, zip code)   |                       |                              |             |         |  |  |  |  |
| D          | Inst               | tructions: For complete space D instructions, see page 1b. Identify   | only the frst com     | munity served below and re   | elist on pa | ge 1b   |  |  |  |  |
| Area       | with               | n all communities.  |                       |                              |             |         |  |  |  |  |
| Served     |                    | CITY OR TOWN  | STATE                 |                              |             |         |  |  |  |  |
| First      | First Dimondale MI |   |                       |                              |             |         |  |  |  |  |
| Community  | В                  | elow is a sample for reporting communities if you report multiple ch  | annel line-ups in S   | Space G.                     |             |         |  |  |  |  |
|            |                    | CITY OR TOWN (SAMPLE)   | STATE                 | CH LINE UP                   | SUE         | GRP#    |  |  |  |  |
| Sample     | Alda               |   | MD                    | A                            |             | 1       |  |  |  |  |
|            | Allia              | ance<br>ing   | MD<br>MD              | B<br>B                       |             | 3       |  |  |  |  |
|            | Ger                | nig -   | IVID                  | D                            |             | •       |  |  |  |  |

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 fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 014832 WideOpenWest, 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 frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. 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# **Dimondale** MI AA First Alaiedon Twp ΜI AA Community MI AB Albion Albion Twp MΙ AB ΜI **Athens** AB Athens Twp MI AB See instructions for Aurelius Twp MI AA additional information on alphabetization. Bath Twp MI AA ΜI Bellevue AA **Bellevue Twp** MI AA **Benton Twp** ΜI AA Add rows as necessary. **Berlin Twp** MI **AB Boston Twp** ΜI AΒ MΙ **Burlington Twp** AB MI AB Campbell Twp **Carlton Twp** MI **AB Carmel Twp** MI AA Charlotte ΜI AA Clarksville ΜI AΒ Concord MI AA Concord Twp MΙ AA ΜI AA Convis Twp **Danby Twp** MI AB Dansville MI AA **Delhi Twp** ΜI AA MI AD **Eagle** MΙ AD **Eagle Twp** ΜI AA Eaton Rapids Twp Eaton Twp MI AA **Eckford Twp** MI AB **Fowlerville** ΜI ΑE AB Fredonia Twp MI MI AB Freeport MI **Grass Lake** AA **Grass Lake Twp** MI AA Green Oak Twp MI ΑE MI AE Handy Twp Hanover MI AA MI AA **Hanover Twp** Hastings ΜI AB

| Henrietta Twp   | łastings Twp     | MI AB |  |
|---|------------------|-------|--|
| Homer   MI  | lenrietta Twp    |       |  |
| Homer Typ   |                  |       |  |
| Hubbardston   |                  |       |  |
| Ingham Twp         MI         AA           Laingsburg         MI         AC           Lake Odessa         MI         AD           Lebanon Twp         MI         AA           Leroy Twp         MI         AA           Lesile         MI         AA           Lesile Twp         MI         AA           Lesile Twp         MI         AA           Liberty Twp         MI         AA           Lycns Twp         MI         AA           Marengo Twp         MI         AB           Marshall         MI         AB           Marshall Twp         MI         AB           Marshall Twp         MI         AA           Morrice         MI         AA           Morrice         MI         AA           Mulliken         MI         AD           Oldessa Twp         MI         AD           Olivet         MI         AA           Oneida Twp         MI         AA           Oneida Twp         MI         AA           Perry         MI         AA           Perry         MI         AA           Perry         MI  |                  |       |  |
| Laingsburg         MI         AC           Lake Odessa         MI         AD           Lebanon Twp         MI         AB           Lery Twp         MI         AA           Lesile         MI         AA           Lesile Twp         MI         AA           Liberty Twp         MI         AB           Marengo Twp         MI         AB           Marengo Twp         MI         AB           Marshall         MI         AB           Marshall Twp         MI         AB           Masson         MI         AC           Morrice         MI         AC           Mulliken         MI         AD           Olivet         MI         AD           Olivet         MI         AD           Olivet         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Perry         MI         AA           Perry Twp         MI         AC           Perry Twp         MI         AC           Perry Twp         MI         AC           Perry Twp         MI         AC   |                  |       |  |
| Lake Odessa         MI         AD           Lebanon Twp         MI         AB           Leroy Twp         MI         AA           Lesile Twp         MI         AA           Lesile Twp         MI         AA           Liberty Twp         MI         AA           Lyons Twp         MI         AB           Marengo Twp         MI         AB           Marshall         MI         AB           Marshall Twp         MI         AB           Masson         MI         AA           Morrice         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AA           Onicida Twp         MI         AA           Onicida Twp         MI         AA           Parma         MI         AA           Perry         MI         AA           Perry         MI         AC           Perry Twp         MI         AC           Perry Twp         MI         AC           Perry Twp         MI         AC           Perry Twp         MI         AC   |                  |       |  |
| Lebanon Twp         MI         AB           Leroy Twp         MI         AA           Leslie         MI         AA           Leslie Twp         MI         AA           Liberty Twp         MI         AB           Lyons Twp         MI         AB           Marengo Twp         MI         AB           Marshall         MI         AB           Marshall Twp         MI         AB           Marshall Twp         MI         AB           Marshall Twp         MI         AB           Masson         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AD           Olivet         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma W         MI         AA           Perry         MI         AC           Perry Twp         MI         AC           Perry Twp         MI         AC           Pervamo         MI         AB           Portand         MI         AB <td></td> <td></td> <td></td>   |                  |       |  |
| Leroy Twp         MI         AA           Lesile         MI         AA           Lesile Twp         MI         AA           Liberty Twp         MI         AB           Liberty Twp         MI         AB           Marengo Twp         MI         AB           Marengo Twp         MI         AB           Marshall         MI         AB           Mason         MI         AB           Mason         MI         AA           Morrice         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AA           Oneida Twp         MI         AA           Perry         MI         A   |                  |       |  |
| Leslie         MI         AA           Leslie Twp         MI         AA           Liberty Twp         MI         AB           Liberty Twp         MI         AB           Marengo Twp         MI         AB           Marshall         MI         AB           Marshall Twp         MI         AB           Masson         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AA           Oncida Twp         MI         AA           Oncidaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AC           Perry         MI         AC           Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Portland Twp         MI         AB           Potterville         MI         AB           Potterville         MI         AB           Rosand Twp         MI   |                  |       |  |
| Leslie Twp         MI         AA           Liberty Twp         MI         AB           Marengo Twp         MI         AB           Marengo Twp         MI         AB           Marshall         MI         AB           Marshall Twp         MI         AB           Mason         MI         AA           Morrice         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AA           Olivet         MI         AA           Oneida Twp         MI         AA           Oneida Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AA           Perry         MI         AC           Perry Twp         MI         AB </th <td></td> <td></td> <td></td>                                      |                  |       |  |
| Liberty Twp         MI         AA           Lyons Twp         MI         AB           Marengo Twp         MI         AB           Marshall         MI         AB           Marshall Twp         MI         AB           Mason         MI         AA           Morrice         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AA           Oneida Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AA           Perry         MI         AC           Perry Twp         MI         AC <td></td> <td></td> <td></td>  |                  |       |  |
| Lyons Twp         MI         AB           Marengo Twp         MI         AB           Marshall         MI         AB           Marshall Twp         MI         AB           Masson         MI         AA           Morrice         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AA           Oneida Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AC           Perry         MI         AC           Perry Wp         MI         AC           Perry Twp         MI         AB           Portland Twp         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Pulaski Twp         MI         <   |                  |       |  |
| Marengo Twp         MI         AB           Marshall         MI         AB           Marshall Twp         MI         AB           Marshall Twp         MI         AB           Mason         MI         AA           Morrice         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AA           Olivet         MI         AA           Oneida Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AA           Perry         MI         AC           Perry Twp         MI         AC           Perry Twp         MI         AC           Perry Twp         MI         AB           Portland Twp         MI         AB           Portland Twp         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AA           Saranac         MI  |                  |       |  |
| Marshall Twp         MI         AB           Mason         MI         AA           Morrice         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AA           Oneida Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AC           Perry         MI         AC           Perry Twp         MI         AC           Perwamo         MI         AB           Portland Twp         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AA           Sardacc         MI         AB           Sciota Twp         MI         AA           Sciota Twp         MI         AB           Sciota Twp         MI         AB           Sciota Twp         MI         AB           Sciota Twp         MI  | .yons Iwp        |       |  |
| Marshall Twp         MI         AB           Mason         MI         AA           Morrice         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AA           Oneida Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AA           Perry         MI         AC           Perry Twp         MI         AC           Perry Twp         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Portland Twp         MI         AA           Potterville         MI         AA           Potterville         MI         AA           Potterville         MI         AA           Pulaski Twp         MI         AA           Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AB           Sherwood Twp         MI   | Aarengo Iwp      |       |  |
| Mason         MI         AA           Morrice         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AA           Onelda Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AC           Perry         MI         AC           Perry Twp         MI         AC           Pewamo         MI         AB           Portland Twp         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Potterville         MI         AA           Pulaski Twp         MI         AA           Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AB           Sciota Twp         MI         AB           Sheridan Twp         MI         AB           South Lyon         MI         AB           Stockbridge         MI  |                  |       |  |
| Morrice         MI         AC           Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AA           Oneida Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AC           Perry         MI         AC           Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Pulaski Twp         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AB           Sandstone Twp         MI         AB           Saranac         MI         AB           Sciota Twp         MI         AB           Sheridan Twp         MI         AB           Sheridan Twp         MI         AB           Sciota Twp         MI         AB           Sheridan Twp         MI  |                  |       |  |
| Mulliken         MI         AD           Odessa Twp         MI         AD           Olivet         MI         AA           Oneida Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AC           Perry         MI         AC           Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AA           Potterville         MI         AA           Pulaski Twp         MI         AA           Saranac         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AB           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           Sporth Lyon         MI   |                  |       |  |
| Odessa Twp         MI         AD           Olivet         MI         AA           Oneida Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AC           Perry         MI         AC           Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AA           Potterville         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AB           Sherwood Twp         MI<  |                  | MI AC |  |
| Olivet         MI         AA           Oneida Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AA           Perry         MI         AC           Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Sandatore         MI         AA           Saranac         MI </th <td>Aulliken</td> <td>MI AD</td> <td></td>                | Aulliken         | MI AD |  |
| Oneida Twp         MI         AA           Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AA           Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Potterville MI         AA         AA           Sandstone Twp         MI         AB           Sciota Twp         MI         AB           Sciota Twp         MI         AB           Sherwood Twp         MI         AB <t< th=""><td></td><td>MI AD</td><td></td></t<> |                  | MI AD |  |
| Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AC           Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AD           Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AB           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AB           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Union City         MI         AB           Union Twp         MI         AB  | Dlivet           | MI AA |  |
| Onondaga Twp         MI         AA           Parma         MI         AA           Parma Twp         MI         AA           Perry         MI         AC           Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AA           Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AB           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AB           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Union City         MI         AB           Union Twp  | Oneida Twp       | MI AA |  |
| Parma         MI         AA           Parma Twp         MI         AA           Perry         MI         AC           Perry Twp         MI         AB           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AA           Potterville         MI         AA           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AB           Saranac         MI         AB           Saranac         MI         AB           Sciota Twp         MI         AB           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AB           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Stockbridge Twp         MI         AA           Sunfield Twp         MI         AD           Union City </th <td></td> <td>MI AA</td> <td></td>               |                  | MI AA |  |
| Parma Twp         MI         AA           Perry         MI         AC           Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Portland Twp         MI         AA           Potterville         MI         AA           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AA           Sandstone Twp         MI         AB           Sciota Twp         MI         AB           Sciota Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AB           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Stockbridge Twp         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB  |                  | MI AA |  |
| Perry         MI         AC           Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AA           Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AC           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AB           Spring Arbor Twp         MI         AB           Stockbridge Twp         MI         AA           Stockbridge Twp         MI         AA           Stockbridge Twp         MI         AA           Sunfield Twp         MI         AB           Union City         MI         AB           Union Twp         MI         AB  |                  |       |  |
| Perry Twp         MI         AC           Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AA           Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AB           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AB           Union City         MI         AB           Union Twp         MI         AB  |                  |       |  |
| Pewamo         MI         AB           Portland         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AD           Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AC           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AB           Union City         MI         AB           Union Twp         MI         AB  | Parry Twn        |       |  |
| Portland         MI         AB           Portland Twp         MI         AB           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AD           Sandstone Twp         MI         AB           Saranac         MI         AB           Sciota Twp         MI         AB           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB   | Dowarro          |       |  |
| Portland Twp         MI         AB           Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AD           Sandstone Twp         MI         AB           Saranac         MI         AB           Sciota Twp         MI         AB           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB  |                  |       |  |
| Potterville         MI         AA           Pulaski Twp         MI         AA           Roxand Twp         MI         AD           Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AC           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AA           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Union City         MI         AB           Union Twp         MI         AB  |                  |       |  |
| Pulaski Twp         MI         AA           Roxand Twp         MI         AD           Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AC           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Union City         MI         AB           Union Twp         MI         AB  |                  |       |  |
| Roxand Twp         MI         AD           Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AC           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Union City         MI         AB           Union Twp         MI         AB  |                  |       |  |
| Sandstone Twp         MI         AA           Saranac         MI         AB           Sciota Twp         MI         AC           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB  |                  |       |  |
| Saranac         MI         AB           Sciota Twp         MI         AC           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Union City         MI         AB           Union Twp         MI         AB   | Roxand Twp       |       |  |
| Sciota Twp         MI         AC           Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB  |                  |       |  |
| Sheridan Twp         MI         AB           Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB   |                  |       |  |
| Sherwood Twp         MI         AB           South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB  |                  | MI AC |  |
| South Lyon         MI         AE           (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB   |                  | MI AB |  |
| (Brookdale Apts)         MI         AE           Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB  | Sherwood Twp     | MI AB |  |
| Spring Arbor Twp         MI         AA           Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB   | South Lyon       | MI AE |  |
| Stockbridge         MI         AA           Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB  | Brookdale Apts)  | MI AE |  |
| Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB  | Spring Arbor Twp | MI AA |  |
| Stockbridge Twp         MI         AA           Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB  | Stockbridge      | MI AA |  |
| Sunfield         MI         AD           Sunfield Twp         MI         AD           Union City         MI         AB           Union Twp         MI         AB  |                  | MI AA |  |
| Union City MI AB Union Twp MI AB  |                  | MI AD |  |
| Union City MI AB Union Twp MI AB  |                  |       |  |
| Union Twp MI AB   |                  |       |  |
|   |                  |       |  |
| Vevav Iwn   | /evay Twp        | MI AA |  |
| Victor Twp MI AC  |                  |       |  |
| Walton Twp MI AA  |                  |       |  |
|   |                  |       |  |
|   |                  |       |  |
| Webberville MI AA   |                  |       |  |
| Westphalia MI AD  |                  |       |  |
| Westphalia Twp MI AD  |                  |       |  |
| Wheatfield Twp MI AA  |                  |       |  |
| Williamston MI AA   |                  |       |  |
| Williamston Twp MI AA   |                  | MI AA |  |
| Windsor Twp MI AA   | Vindsor Twp      | MI AA |  |

| Woodhull Twp                 | MI | AC |  |
|------------------------------|----|----|--|
| Woodhull Twp<br>Woodland Twp | MI | AD |  |
|                              |    |    |  |
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WideOpenWest, Inc.

SYSTEM ID#

014832

### Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BL   | OCK 1       | BLOCK 2    |                                      |  |  |
|--|-------------|------------|--------------------------------------|--|--|
|  | NO. OF      |            | NO. OF                               |  |  |
| CATEGORY OF SERVICE                              | SUBSCRIBERS | RATE       | CATEGORY OF SERVICE SUBSCRIBERS RATE |  |  |
| Residential:                                     |             |            |                                      |  |  |
| <ul> <li>Service to first set</li> </ul>         | 3,878       | \$ 35.00   |                                      |  |  |
| <ul> <li>Service to additional set(s)</li> </ul> |             |            |                                      |  |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |             |            |                                      |  |  |
| Motel, hotel                                     |             |            |                                      |  |  |
| Commercial                                       | 46          | \$ 35.00   |                                      |  |  |
| Converter  |             |            |                                      |  |  |
| Residential                                      | 5,794       | 2.00-30.00 |                                      |  |  |
| Non-residential                                  |             |            |                                      |  |  |
|  | <b> </b>    | <b>†</b>   |                                      |  |  |

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|   |             | BLOCK 2                       |      |       |                    |                 |     |       |
|---|-------------|-------------------------------|------|-------|--------------------|-----------------|-----|-------|
| CATEGORY OF SERVICE                         | RATE        | CATEGORY OF SERVICE           | RATE | С     | ATEGORY OF SERVICE | R               | ATE |       |
| Continuing Services:                        |             | Installation: Non-residential |      |       |                    |                 |     |       |
| Pay cable                                   | 10.99-18.00 | Motel, hotel                  |      |       |                    |                 |     |       |
| <ul> <li>Pay cable—add'l channel</li> </ul> |             | Commercial                    |      |       | E                  | xpanded Service | \$  | 65.00 |
| Fire protection                             |             | • Pay cable                   |      |       | D                  | igital Basic    | \$  | 10.00 |
| •Burglar protection                         |             | Pay cable-add'l channel       |      |       |                    |                 |     |       |
| Installation: Residential                   |             | Fire protection               |      |       |                    |                 |     |       |
| • First set                                 | 10.00-99.00 | Burglar protection            |      |       |                    |                 |     |       |
| Additional set(s)                           |             | Other services:               |      |       |                    |                 |     |       |
| • FM radio (if separate rate)               |             | Reconnect                     | \$   | 40.00 |                    |                 |     |       |
| Converter                                   |             | Disconnect                    | \$   | 50.00 |                    |                 |     |       |
|   |             | Outlet relocation             | \$   | 20.00 |                    |                 |     |       |
|   |             | Move to new address           | \$   | 30.00 |                    |                 |     |       |
|   |             |                               |      |       |                    |                 |     |       |

| LEGAL NAME OF OWNE   | ER OF CABLE SY   | STEM:  |  |  | SYSTEM ID#   | Name                   |
|--|--|--|--|--|--|------------------------|
| WideOpenWest   | t, Inc.  |  |  |  | 014832   | Name                   |
| PRIMARY TRANSMITTE   | ERS: TELEVISION  | ON   |  |  |  |                        |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas   | system during to<br>lons in effect of<br>6.61(e)(2) and of<br>sis, as explaine   | he accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next  | g period except<br>981, permitting t<br>referring to 76.6<br>paragraph   | (1) stations carrie<br>he carriage of cer<br>61(e)(2) and (4))];   | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a  | Primary Transmitters:  |
| basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha   | CC rules, regular here in space only on a subsand also in space formation concern. In the station's call associated with the second case of the se | ations, or auth G—but do listitute basis ace I, if the stateming substitute sign. Do not ha station ac streams must ber the FCC I he, WRC is Che whether the setter "N" (for noncommercial page (v) of the the local seriage (v) of the es" in column  | norizations at it in space I (ti ation was carrie itute basis static report originatic coording to its or to be reported in thas assigned to nannel 4 in Was station is a network), "N-M" all educational), he general instructivice area, (i.e. "general instruction 4, you must con accounting per   | the Special Statented both on a substants, see page (v) on program service ver-the-air designation of the television state in the television state in the television or "E-M" (for network multifor "E-M" (for noncuctions located in the television ocated in the television o | nent and Program Log)—if the situte basis and also on some othe of the general instructions located the such as HBO, ESPN, etc. Identify ation. For example, report multions the stream separately; for example tion for broadcasting over-the-air in a may be different from the channe dependent station, or a noncommercial cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form (es". If not, enter "No". For an ex   | Television             |
| carried the distant stati<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br>Column 6: Give the<br>FCC. For Mexican or C   | ion on a part-ti ion of a distant entered into of a primary trans simulcasts, als iree categories be location of ea Canadian static  | t multicast stran or before Justin or before Justin or an a conter "E". If a, see page (vach station. Foons, if any, givennel line-ups,  | eam that is not<br>une 30, 2009, b<br>association repri-<br>you carried the<br>or U.S. stations,<br>the the name of the<br>use a separate  | subject to a royali<br>etween a cable si<br>esenting the prime<br>channel on any of<br>instructions locat<br>list the communit<br>the community with<br>e space G for each   | ry payment because it is the subject stem or an association representing transmitter, enter the designate of the basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the which the station is identifed   |                        |
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|  | LEGAL NAME OF OWN                             | ER OF CABLE SY  | STEM:          |                   |                     | SYSTEM ID#  |                             |  |
|--|---|-----------------|----------------|-------------------|---------------------|---|-----------------------------|--|
|  | WideOpenWes                                   | t, Inc.         |                |                   |                     | 014832  | Name                        |  |
| PRIMARY TRANSMITTERS: TELEVISION   |   |                 |                |                   |                     |   |                             |  |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections] |   |                 |                |                   |                     |   |                             |  |
|  | -   |                 |                |                   | -                   | and (2) certain stations carried on a   | Primary                     |  |
| sul  | ostitute program ba                           |                 |                |                   | e carried by your   | cable system on a substitute progran  | Transmitters:<br>Television |  |
| ba   | sis under specifc F(                          |                 | -              | •                 | s carried by your   | cable system on a substitute program  | relevision                  |  |
|  | o not list the station                        | n here in space | G—but do lis   |                   | he Special Staten   | nent and Program Log)—if the  |                             |  |
| . 1  | station was carried                           | •               |                | ation was carrie  | nd hoth on a subst  | titute basis and also on some othe  |                             |  |
|  |   | nformation cond |                |                   |                     | of the general instructions located   |                             |  |
|  |   |                 | -              |                   |                     | es such as HBO, ESPN, etc. Identify   |                             |  |
|  |   |                 |                | •                 | •                   | ation. For example, report multi<br>ch stream separately; for example         |                             |  |
|  | ETA-simulcast).                               | -2 . Oimulcast  | Streams mus    | it be reported in | column i (list cat  | on stream separately, for example   |                             |  |
| l.,  |   |                 |                | -                 |                     | ition for broadcasting over-the-air ir  |                             |  |
|  | which your cable sy                           | ystem carried t | he station     |                   |                     | s may be different from the channe dependent station, or a noncommercia       |                             |  |
| ed   |   |                 |                |                   |                     | cast), "I" (for independent), "I-M  |                             |  |
| `  | •   | ,               |                | ,.                | ,                   | commercial educational multicast)   |                             |  |
| FO   | •   |                 | ,              | •                 |                     | the paper SA3 form<br>′es". If not, enter "No". For an ex                     |                             |  |
|  | nation of local serv                          | ice area, see p | age (v) of the | general instruc   | tions located in th | ne paper SA3 form   |                             |  |
|  | •   |                 |                |                   | •                   | , stating the basis on which you  |                             |  |
|  | ole system carried t<br>ried the distant stat |                 | •              | ٠.                | •                   | ntering "LAC" if your cable syster  |                             |  |
|  |   | •               |                |                   |                     | ty payment because it is the subjec   |                             |  |
|  | •   |                 |                |                   |                     | ystem or an association representin   |                             |  |
|  | •   |                 |                | -                 |                     | ary transmitter, enter the designa other basis, enter "O." For a furthe       |                             |  |
| ex   | olanation of these th                         | ree categories  | s, see page (v | ) of the general  | instructions locat  | ed in the paper SA3 form  |                             |  |
|  |   |                 |                |                   |                     | ty to which the station is licensed by the the which the station is identifed |                             |  |
|  | te: If you are utilizir                       |                 |                |                   | · ·                 |   |                             |  |
|  | <u> </u>                                      |                 | •              | EL LINE-UP        | •                   | ·   |                             |  |
| 1.   | CALL  | 2. B'CAST       | 3. TYPE        | 4. DISTANT?       | 5. BASIS OF         | 6. LOCATION OF STATION  |                             |  |
|  | SIGN  | CHANNEL         | OF             | (Yes or No)       | CARRIAGE            |   |                             |  |
|  |   | NUMBER          | STATION        |                   | (If Distant)        |   |                             |  |
| W  | ZPX   | 43              | N              | No                |                     | Battle Creek, MI  |                             |  |
| W  | ZPX-simulcast                                 | 43              | N              | No                |                     | Battle Creek, MI  | See instructions for        |  |
|  |   |                 |                |                   |                     |   | additional information      |  |
|  |   |                 |                |                   |                     |   | on alphabetization.         |  |
|  |   |                 |                |                   |                     |   |                             |  |
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|  |   |                 |                |                   |                     |   | 1                           |  |
|  |   |                 |                |                   |                     |   |                             |  |
|  |   |                 |                |                   |                     |   |                             |  |

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014832 WideOpenWest, 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 € **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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| CHANNEL LINE-UP AB |                                |                          |                            |   |                        |  |  |  |  |
|--------------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|--|--|
| 1. CALL<br>SIGN    | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |  |  |  |
| WGVU               | 11                             | Е                        | No                         |   | Grand Rapids, MI       |  |  |  |  |
| WKAR               | 23                             | E                        | No                         |   | East Lansing, MI       |  |  |  |  |
| WKAR-2             | 23                             | E-M                      | No                         |   | East Lansing, MI       |  |  |  |  |
| WKAR-3             | 23                             | E-M                      | No                         |   | East Lansing, MI       |  |  |  |  |
| WKAR-simulcast     | 23                             | Е                        | No                         |   | East Lansing, MI       |  |  |  |  |
| WLLA               | 64                             | I                        | No                         |   | Kalamazoo, MI          |  |  |  |  |
| WOOD               | 8                              | N                        | No                         |   | Grand Rapids, MI       |  |  |  |  |
| WOOD-2             | 8                              | N-M                      | No                         |   | Grand Rapids, MI       |  |  |  |  |
| WOOD-3             | 8                              | N-M                      | No                         |   | Grand Rapids, MI       |  |  |  |  |
| WOOD-simulcast     | 8                              | N                        | No                         |   | Grand Rapids, MI       |  |  |  |  |
| WOTV               | 41                             | N                        | No                         |   | Battle Creek, MI       |  |  |  |  |
| WOTV-2             | 41                             | N-M                      | No                         |   | Battle Creek, MI       |  |  |  |  |
| WOTV-3             | 41                             | N-M                      | No                         |   | Battle Creek, MI       |  |  |  |  |
| WOTV-simulcast     | 41                             | N                        | No                         |   | Battle Creek, MI       |  |  |  |  |
| WWMT               | 3                              | N                        | No                         |   | Kalamazoo, MI          |  |  |  |  |
| WWMT-2             | 3                              | N                        | No                         |   | Kalamazoo, Mi          |  |  |  |  |
| WWMT-3             | 3                              | N-M                      | No                         |   | Kalamazoo, MI          |  |  |  |  |
| WWMT-simulcast     | 3                              | N                        | No                         |   | Kalamazoo, MI          |  |  |  |  |

| WideOpenWest, Inc. 01483                       | Name Name |
|--|-----------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II |           |
| 1 OTAM OFFICE. I FROM OF                       |           |

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

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

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

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

|                 |                                | CHANN                    | EL LINE-UP                 | AB                                      |                        |  |  |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |  |
| WXMI            | 17                             | N                        | No                         |   | Grand Rapids, MI       |  |  |
| WXMI-2          | 17                             | N-M                      | No                         |   | Grand Rapids, MI       |  |  |
| WXMI-3          | 17                             | N-M                      | No                         |   | Grand Rapids, MI       |  |  |
| WXMI-simulcast  | 17                             | N                        | No                         |   | Grand Rapids, MI       |  |  |
| WXSP            | 15                             | N                        | No                         |   | Grand Rapids, MI       |  |  |
| WXSP-2          | 15                             | N-M                      | No                         |   | Grand Rapids, MI       |  |  |
| WXSP-3          | 15                             | N-M                      | No                         |   | Grand Rapids, MI       |  |  |
| WXSP-simulcast  | 15                             | N                        | No                         |   | Grand Rapids, MI       |  |  |
| WZPX            | 43                             | N                        | No                         |   | Battle Creek, MI       |  |  |
| WZPX-simulcast  | 43                             | N                        | No                         |   | Battle Creek, MI       |  |  |
| WZZM            | 13                             | N                        | No                         |   | Grand Rapids, MI       |  |  |
| WZZM-2          | 13                             | N-M                      | No                         |   | Grand Rapids, MI       |  |  |
| WZZM-3          | 13                             | N-M                      | No                         |   | Grand Rapids, MI       |  |  |
| WZZM-simulcast  | 13                             | N                        | No                         |   | Grand Rapids, MI       |  |  |

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014832 WideOpenWest, 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL **CARRIAGE** SIGN **CHANNEL** OF (Yes or No) NUMBER **STATION** (If Distant) WAQP 36 No Saginaw, MI ı WILX 10 Ν No Onondaga, MI WILX-2 10 N-M No Onondaga, MI WILX-3 10 N-M No Onondaga, MI WILX-5 10 N-M No Onondaga, MI Onondaga, MI WILX-simulcast 10 Ν No WKAR 23 Ε No East Lansing, MI WKAR-2 23 E-M No East Lansing, MI WKAR-3 23 E-M No East Lansing, MI WKAR-simulcast 23 Ε No East Lansing, MI

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

Lansing, MI

Lansing, MI

Lansing, MI

Lansing, MI

Lansing, MI

Flint, MI

Flint. MI

Flint, MI

WLAJ

WLAJ-2

WLNS

**WSMH** 

WSMH-3

WSMH-4

WLAJ-simulcast

WLNS-simulcast

14

14

14

6

6

16

16

16

Ν

Ν

Ν

Ν

Ν

Ν

N-M

N-M

No

No

No

No

No

No

No

No

| LEGAL NAME OF OWN  | ER OF CABLE SY   | STEM:   |   |   | SYSTEM ID#   |            |  |  |
|--|--|---|---|---|--|------------|--|--|
| WideOpenWes  | t, Inc.  |   |   |   | 014832   | Name       |  |  |
| PRIMARY TRANSMITTI   | ERS: TELEVISION  | ON  |   |   |  |            |  |  |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program |  |   |   |   |  |            |  |  |
| basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicate management of the Column 4: If the st planation of local servic Column 5: If you heable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the   | CC rules, regular here in space only on a substand also in space only on a substand also in space only on a substand also in space on a space on a substand associated with a substand a substand a substand a substand a substand a primary transsimulcasts, also ree categories e location of a distand tentered into caprimary transsimulcasts, also ree categories e location of a distand a primary transsimulcasts, also ree categories e location of a distand tentered into caprimary transsimulcasts, also ree categories e location of a distand tentered into caprimary transsimulcasts, also ree categories e location of a distand tentered into caprimary transsimulcasts, also ree categories e location of each also in substand tentered into caprimary transsimulcasts, also ree categories e location of each also in substand tentered into caprimary transsimulcasts, also ree categories e location of each also in substand tentered into caprimary transsimulcasts, also ree categories e location of each also in substand tentered into caprimary transsimulcasts, also ree categories e location of each also in substand tentered into caprimary transsimulcasts, also ree categories e location of each also real also in substand tentered into caprimary transported tentered te | ations, or auth G—but do listitute basis ace I, if the state cerning substitute basis ace I, if the state cerning substitute basis ace I, if the station act at a station act at a station act at a station act and a station act and a station act and a station whether the station whether the station whether the station accommendate (v) of the act act and act and act and act and act and act are act and act and act are act are act and act are act are act and act are act and act are act and act are act are act are act are act and act are act and act are act and act are act are act and act are act and act are act | norizations: at it in space I (the ation was carried tute basis station report origination according to its own to be reported in mass assigned to nannel 4 in Waslation is a network), "N-M" all educational), of the general instructivice area, (i.e. "general instructivity of lack of a general instructivity of the general or U.S. stations, | the Special Statement of both on a substants, see page (v) on program service of the television statement of the television statement of the television statement of the television statement of the television of the television of the television statement of the television of television of the television of the television of the television of television of the television of the television of television of television of the television of television | nent and Program Log)—if the itute basis and also on some othe of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi the stream separately; for example tion for broadcasting over-the-air in a may be different from the channe dependent station, or a noncommercial cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form des". If not, enter "No". For an existing the basis on which you intering "LAC" if your cable syster | Television |  |  |
| Note: If you are utilizing   | ng multiple cha  |   | use a separate  |   | n channel line-up.   |            |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |            |  |  |
| WSMH-simulcast   | 16   | N   | No  |   | Flint, MI  |            |  |  |
| WZPX   | 43   | N   | No  |   | Battle Creek, MI   |            |  |  |
| WZPX-simulcast   | 43   | N   | No  |   | Battle Creek, MI   |            |  |  |
|  |  |   |   |   |  |            |  |  |

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014832 WideOpenWest, 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 € **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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | СНАИИ                    | EL LINE-UP                 | ΔD                                      |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
|                 | П                              | CHANN                    | LL LINL-OF                 | 70                                      |                        |
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WGVU            | 11                             | E                        | No                         |   | Grand Rapids, MI       |
| WILX            | 10                             | N                        | No                         |   | Onondaga, MI           |
| WILX-2          | 10                             | N-M                      | No                         |   | Onondaga, MI           |
| WILX-3          | 10                             | N-M                      | No                         |   | Onondaga, MI           |
| WILX-5          | 10                             | N-M                      | No                         |   | Onondaga, MI           |
| WILX-simulcast  | 10                             | N                        | No                         |   | Onondaga, MI           |
| WKAR            | 23                             | E                        | No                         |   | East Lansing, MI       |
| WKAR-2          | 23                             | E-M                      | No                         |   | East Lansing, MI       |
| WKAR-3          | 23                             | E-M                      | No                         |   | East Lansing, MI       |
| WKAR-simulcast  | 23                             | E                        | No                         |   | East Lansing, MI       |
| WLAJ            | 14                             | N                        | No                         |   | Lansing, MI            |
| WLAJ-2          | 14                             | N                        | No                         |   | Lansing, MI            |
| WLAJ-simulcast  | 14                             | N                        | No                         |   | Lansing, MI            |
| WLLA            | 64                             | I                        | No                         |   | Kalamazoo, MI          |
| WLNS            | 6                              | N                        | No                         |   | Lansing, MI            |
| WLNS-simulcast  | 6                              | N                        | No                         |   | Lansing, MI            |
| WSYM            | 47                             | N                        | No                         |   | Lansing, MI            |
| WSYM-2          | 47                             | N-M                      | No                         |   | Lansing, MI            |

| LEGAL NAME OF OWN  | IER OF CABLE SY                | STEM:                    |                            |   | SYSTEM ID#             | Nama |
|--|--------------------------------|--------------------------|----------------------------|---|------------------------|------|
| WideOpenWes  | t, Inc.                        |                          |                            |   | 014832                 | Name |
| PRIMARY TRANSMITTI   | ERS: TELEVISION                | ON                       |                            |   |                        |      |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program   |                                |                          |                            |   |                        |      |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex |                                |                          |                            |   |                        |      |
| planation of local service area, see page (v) of the general instructions located in the paper SA3 form  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form  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.  |                                |                          |                            |   |                        |      |
|  | 1                              | CHANN                    | EL LINE-UP                 | AD                                      |                        |      |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |
| WSYM-4   | 47                             | N-M                      | No                         |   | Lansing, MI            |      |
| WSYM-simulcast   | 47                             | N                        | No                         |   | Lansing, MI            |      |
| WZPX   | 43                             | N                        | No                         |   | Battle Creek, MI       |      |
| WZPX-simulcast   | 43                             | N                        | No                         |   | Battle Creek, MI       |      |
|  |                                |                          |                            |   |                        |      |
|  |                                |                          |                            |   |                        |      |

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014832 WideOpenWest, 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **CBET** 9 No Windsor, CAN I WADL 38 I No Mount Clemens, MI **WADL-simulcast** 38 I No Mount Clemens, MI WDIV 4 Ν No Detroit. MI WDIV-2 N-M No 4 Detroit, MI WDIV-3 4 N-M No Detroit, MI WDIV-4 4 N-M No Detroit, MI 4 Ν No **WDIV-simulcast** Detroit, MI Ν No WJBK 7 Detroit, MI

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

Detroit, MI

Detroit, MI

Detroit, MI Detroit, MI

Detroit. MI

Detroit, MI

Detroit, MI

Detroit. MI

Detroit, MI

WJBK-2

WJBK-3

WJBK-4

WKBD

WKBD-2

WKBD-3

**WMYD** 

WJBK-simulcast

WKBD-simulcast

7

7

7

7

34

34

34

34

20

N-M

N-M

N-M

Ν

Ν

N-M

N-M

Ν

Ν

No

No

No

No

No

No

No

No

No

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014832 WideOpenWest, Inc. PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

|                 |                                | CHANN                    | EL LINE-UP                 | AE                                      |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WMYD-2          | 20                             | N-M                      | No                         |   | Detroit, MI            |
| WMYD-simulcast  | 20                             | N                        | No                         |   | Detroit, MI            |
| WPXD            | 24                             | N                        | No                         |   | Ann Arbor, MI          |
| WPXD-simulcast  | 24                             | N                        | No                         |   | Ann Arbor, MI          |
| WTVS            | 20                             | Е                        | No                         |   | Detroit, MI            |
| WTVS-2          | 20                             | Е-М                      | No                         |   | Detroit, MI            |
| WTVS-3          | 20                             | E-M                      | No                         |   | Detroit, MI            |
| WTVS-simulcast  | 20                             | Е                        | No                         |   | Detroit, MI            |
| WWJ             | 62                             | N                        | No                         |   | Detroit, MI            |
| WWJ-2           | 62                             | N-M                      | No                         |   | Detroit, MI            |
| WWJ-3           | 62                             | N-M                      | No                         |   | Detroit, MI            |
| WWJ-simulcast   | 62                             | N                        | No                         |   | Detroit, MI            |
| WXYZ            | 7                              | N                        | No                         |   | Detroit, MI            |
| WXYZ-2          | 7                              | N-M                      | No                         |   | Detroit, MI            |
| WXYZ-simulcast  | 7                              | N                        | No                         |   | Detroit, MI            |
|                 |                                |                          |                            |   |                        |
|                 |                                |                          |                            |   |                        |
|                 |                                |                          |                            |   |                        |

G

**Primary** Transmitters: Television

**ACCOUNTING PERIOD: 2024/1** 

FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 014832 WideOpenWest, 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

| FURINI SAJE. PAGE 5.   |   |   |  |  |  | ACCOUNTING                                 | PERIOD: 2024/1                     |  |
|--|---|---|--|--|--|--|------------------------------------|--|
| LEGAL NAME OF OWNER OF WideOpenWest, Inc.  | CABLE SYS   | TEM:  |  |  | S  | YSTEM ID#<br>014832                        | Namo                               |  |
| SUBSTITUTE CARRIAG   | E: SPECI  | AL STATEME  | NT AND PROGRAM LC  | G  |  |  |                                    |  |
| substitute basis during the a explanation of the programm  | In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 STATEMEN  | T CONCE   | RNING SUBS  | TITUTE CARRIAGE  |  |  |  | Substitute<br>Carriage:<br>Special |  |
| • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  |   |   |  |  |  |  |                                    |  |
| Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  |   |   |  |  |  |  |                                    |  |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." | stitute prograce, please of every not distant state gulations, ation. Do n Lucy" or "N m was broadian statinatian statinatian statinatian statine "F/7." hes when the Example: ter "R" if the and regulating rogramming   | am on a sepan<br>attach additio<br>connetwork tele-<br>ition and that y<br>or authorizatio<br>ot use general<br>BA Basketball<br>adcast live, ent<br>station broaddion's location (<br>ions, if any, the<br>y when your sy<br>he substitute pro<br>a program car<br>e listed progrations in effect of | nal pages. evision program (substitute rour cable system substitut ns. See page (vi) of the ge categories like "movies", 76ers vs. Bulls." for "Yes." Otherwise enter casting the substitute prog the community to which the community with which the extern carried the substitut rogram was carried by you ried by a system from 6:00 m was substituted for prog during the accounting perio | program) the ted for the preparation instruction "basketbal" "No." ram. the station is life station is life program. Upper cable system in the cable system in the cable and the cable of the cable system in the cable of the cable system in the cable system in the cable of the cable of the cable system in the cable of the cable system in the cable of the c | at, during the accounting ogramming of another so stions located in the papul". List specific program censed by the FCC or, is lentified). It is numerals, with the materials accurately a program is seen to be seen as a property of the seen accurately and the seen accurately and the seen accurately accuratel | g<br>station<br>er<br>in<br>nonth<br>stely |                                    |  |
| ,  |   |   |  |  | EN SUBSTITUTE  | 7. REASON                                  |                                    |  |
| 1. TITLE OF PROGRAM  | UBSTITUT<br>2. LIVE?  | E PROGRAM  3. STATION'S   | 1  | 5. MONTH 6. TIMES  |  | FOR DELETION                               |                                    |  |
|  | Yes or No   | CALL SIGN   | 4. STATION'S LOCATION  | AND DAY  | FROM — TO  |  |                                    |  |
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WideOpenWest, Inc. 014832 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS FROM DATE FROM DATE TO TO

|                                       | L NAME OF OWNER OF CABLE SYSTEM:  leOpenWest, Inc.  | SYSTEM ID#<br>014832                                     | Name  |
|---------------------------------------|---|--|---|
| GRO<br>Inst<br>all a<br>(as i<br>page | OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secon dentifed in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions.  | you pay. Enter the total of<br>dary transmission service | K<br>Gross Receipts                                   |
|                                       | Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.  | \$ 1,408,330.87<br>(Amount of gross receipts)            |   |
| Instru Com Com If yo fee t            | RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: applete block 1, showing your minimum fee. applete block 2, showing whether your system carried any distant television stations.  For 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.  For system did carry any distant television stations, you must complete the applicable part of the property of the post of the schedule to your statement of account.  For some part 9, block A, of the DSE schedule was completed, the base rate fee should be | ts of the DSE Schedule                                   | L<br>Copyright<br>Royalty Fee                         |
| bloc                                  | k 3 below.<br>rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er  |  |   |
| 3 be                                  |   |  |   |
| 2 in                                  | block 4 below.  |  |   |
| Block<br>1                            | <b>MINIMUM FEE:</b> 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.   | is 1.064 percent of the                                  |   |
|                                       | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064  | \$ 1,408,330.87  |   |
|                                       | Enter the result here. This is your minimum fee.  | \$ 14,984.64   |   |
| Block<br>2                            | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.   | n 4, you must check                                      |   |
| Block<br>3                            | Line 1. <b>BASE RATE FEE:</b> 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   | \$ -   |   |
|                                       | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero  | 0.00   |   |
|                                       | Line 3. Add lines 1 and 2 and enter here  | \$ -   |   |
| Block<br>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   | \$ 14,984.64   | Cable systems   |
|                                       | Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter   | 0.00   | submitting<br>additional                              |
|                                       | zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)   | 0.00   | deposits under<br>Section 111(d)(7)<br>should contact |
|                                       | Line 4. FILING FEE  | \$ 725.00  | the Licensing<br>additional fees.<br>Division for the |
|                                       | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here  | \$ 15,709.64   | appropriate<br>form for<br>submitting the             |
|                                       | EFT Trace # or TRANSACTION ID #   |  | additional fees.                                      |
|                                       | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions tall  |  |   |

ACCOUNTING PERIOD: 2024/1 FORM SA3E, PAGE 8.

| Name                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  WideOpenWest, Inc.  SYSTE  01   | EM ID#<br>14832 |
|--|---|-----------------|
| M<br>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  |                 |
| N<br>Individual to                         | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)   |                 |
| Be Contacted<br>for Further<br>Information | Name Bill Lam Telephone 720-238-2844  |                 |
|  | Address 7887 E. Belleview Ave., Suite 1000 (Number, street, rural route, apartment, or suite number)  Englewood, CO 80111   |                 |
|  | (City, town, state, zip)  Email Bill.Lam@wowinc.com Fax (optional)  |                 |
| 0  | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  |                 |
| Certifcation                               | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or  |                 |
|  | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  |                 |
|  | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein  |                 |
|  | are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  |                 |
|  | X /s/ Teresa Elder  |                 |
|  | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. |                 |
|  | Typed or printed name: <b>Teresa Elder</b>  |                 |
|  | Title: Chief Executive Officer  (Title of official position held in corporation or partnership)   |                 |
|  | Date: August 16, 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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#  | Namo  |
|--|---|
| WideOpenWest, Inc. 014832  | 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? | Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| X NO   |   |
| YES. Enter the total here and list the satellite carrier(s) below  | _   |
| Name Mailing Address Mailing Address   |   |
|  |   |
| INTEREST ASSESSMENTS   |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or 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<br>Assessment  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  | -   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   |   |
| x 0.00274  |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)  |   |
| (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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.   |   |
| Owner Address  |   |
| First community served   |   |
| Accounting period  | ""  |
| ID number  |   |

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

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

| • Independent: its type-value is             | 1.00 |
|--|------|
| Network: its type-value is                   | 0.25 |
| Noncommercial educational: its type-value is | 0.25 |
| N 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1       |      |

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

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

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

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

### **EXAMPLE**:

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

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.

| Santa Rosa  | Stations A and C<br>35 mile zone |
|-------------|----------------------------------|
|             | Fairvale                         |
| Rapid City  | Bodega<br>Bay                    |
| <b>\</b> an | ns B, D,<br>d E<br>e zone        |

| Distant Stations Carr | ied         | 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)           | <u>0.25</u> | Fairvale       | Stations B, D, and E   | 120,000.00       |
| TOTAL DSEs            | 2.472       |                | TOTAL GROSS RECEIPTS   | \$600,000.00     |

Minimum Fee Total Gross Receipts \$600,000.00 x .01064

|                              |              | \$6,384.00                  |              |                             |              |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| First Subscriber Group       |              | Second Subscriber Group     |              | Third Subscriber Group      |              |
| (Santa Rosa)                 |              | (Rapid City and Bodega Bay) |              | (Fairvale)                  |              |
| Gross receipts               | \$310,000.00 | Gross receipts              | \$170,000.00 | Gross receipts              | \$120,000.00 |
| DSEs                         | 2.472        | DSEs                        | 1.083        | DSEs                        | 1.389        |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |
| \$310,000 x .01064 x 1.0 =   | 3,298.40     | \$170,000 x .01064 x 1.0 =  | 1,808.80     | \$120,000 x .01064 x 1.0 =  | 1,276.80     |
| \$310,000 x .00701 x 1.472 = | 3,198.80     | \$170,000 x .00701 x .083 = | 98.91        | \$120,000 x .00701 x .389 = | 327.23       |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |

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

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

DSE SCHEDULE. PAGE 11. (CONTINUED)

| DOL GOITEDOLL. I AG  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID# |                           |                                  |                 |                            |        |  |  |  |
|----------------------|--|---------------------------|----------------------------------|-----------------|----------------------------|--------|--|--|--|
| 1                    | LEGAL NAME OF OWNER OF CABL                      | E SYSTEM:                 |                                  |                 | 31                         |        |  |  |  |
| •                    | WideOpenWest, Inc.                               |                           |                                  |                 |                            | 014832 |  |  |  |
|                      | SUM OF DSEs OF CATEGOR                           | RY "O" STATIO             | NS:                              |                 |                            |        |  |  |  |
|                      | • Add the DSEs of each station.                  |                           |                                  |                 |                            |        |  |  |  |
|                      | Enter the sum here and in line                   |                           | 0.00                             |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
| •                    | Instructions:                                    |                           |                                  |                 |                            |        |  |  |  |
| 2                    | In the column headed "Call S                     | <b>Sign":</b> list the ca | ll signs of all distant stations | identified by t | the letter "O" in column 5 |        |  |  |  |
|                      | of space G (page 3).                             |                           |                                  |                 |                            |        |  |  |  |
| Computation          | In the column headed "DSE"                       |                           |                                  | as "1.0"; for   | each network or noncom-    |        |  |  |  |
| of DSEs for          | mercial educational station, giv                 | ve the DSE as "           |                                  |                 |                            |        |  |  |  |
| Category "O"         | CATEGORY "O" STATIONS: DSEs                      |                           |                                  |                 |                            |        |  |  |  |
| Stations             | CALL SIGN  | DSE                       | CALL SIGN                        | DSE             | CALL SIGN                  | DSE    |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
| Add rows as          |  |                           |                                  |                 |                            |        |  |  |  |
| necessary.           |  |                           |                                  |                 |                            |        |  |  |  |
| Remember to copy     |  |                           |                                  |                 |                            |        |  |  |  |
| all formula into new |  |                           |                                  |                 |                            |        |  |  |  |
| rows.                |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      |  |                           |                                  |                 |                            |        |  |  |  |
|                      | L  | l                         |                                  | L               |                            |        |  |  |  |

| <br> |  |  |
|------|--|--|

| Name  | WideOpenW  | WNER OF CABLE SYSTEM:   |   |  |   |  | S  | 014832 |
|---|--|---|---|--|---|--|--|--------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6   | st the call sign of all dista  E For each station, give to correspond with the infor For each station, give to Divide the figure in columate least to the third deciration and the column of the state of the column. For each independent of | he number of hours mation given in space he total number of hours in 2 by the figure in all point. This is the station, give the "type followin 4 by the figure | your cable system to J. Calculate only ours that the station column 3, and g "basis of carriage e-value" as "1.0." | n carried the static<br>y one DSE for each<br>on broadcast over<br>ive the result in de<br>value" for the sta<br>For each network | on during the accounting the station.  r the air during the accounce common to the column 4. This ation.  or noncommercial eductors on the column 6. Round to no leads to the column 6. Round to the column t | unting period. is figure must cational station, ess than the |        |
| Capacity  |  | C   | CATEGORY LAC  | STATIONS:  | COMPUTATIO  | N OF DSEs  |  |        |
|   | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTEI  | JRS OI  | JMBER<br>F HOURS<br>FATION<br>N AIR  | 4. BASIS OF<br>CARRIAGE<br>VALUE  | 5. TYPE<br>VALUE   | 6. DS  | SE.    |
|   |  |   | ÷   |  |   | X  | =  |        |
|   |  |   | ÷<br>÷  | _  |   | X<br>X   | =  |        |
|   |  |   | <u></u>   | =  |   | x  | =  |        |
|   |  |   | ÷   | =  |   | x  | =  |        |
|   |  |   | ÷   |  |   | x  | =  |        |
|   |  |   | ÷<br>÷  |  |   | x<br>x   | =  |        |
|   | SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,   |   |   |  |   |  |  |        |
| Computation of DSEs for Substitute-Basis Stations                                   | Instructions:  Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:  • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.  Column 3: Enter the number of days in the calendar year: 365, except in a leap year.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). |   |   |  |   |  | m).  |        |
|   |  | SU  | IBSTITUTE-BAS   | IS STATIONS  | : COMPUTAT  | TION OF DSEs   |  |        |
|   | 1. CALL  | 2. NUMBER   | 3. NUMBER   | 4. DSE   | 1. CALL   | 2. NUMBER  | 3. NUMBER  | 4. DSE |
|   | SIGN   | OF<br>PROGRAMS  | OF DAYS<br>IN YEAR  |  | SIGN  | OF<br>PROGRAMS   | OF DAYS<br>IN YEAR   |        |
|   |  | =   |   |  |   | ÷  |  | =      |
|   |  | _   |   | _  |   | ÷  |  |        |
|   |  | -   | -   | =  |   | ÷  |  | =      |
|   |  | -   | -   | =  |   | ÷  |  | =      |
|   | Add the DSEs   | of SUBSTITUTE-BAS<br>of each station.<br>Im here and in line 3 of p   |   | <b>)</b> ,   |   | 0.00   |  |        |
| 5   |  | ER OF DSEs: Give the ams applicable to your system  |   | in parts 2, 3, and 4   | 4 of this schedule  | and add them to provide t  | the total  |        |
| Total Number  | 1. Number o  | f DSEs from part 2 ●  |   |  |   |  | 0.00   |        |
| of DSEs   | 2. Number o  | f DSEs from part 3 ●  |   |  | <u>.</u>  |  | 0.00   |        |
|   | 3. Number o  | f DSEs from part 4 ●  |   |  |   |  | 0.00   |        |
|   | TOTAL NUMBE  | R OF DSEs   |   |  |   |  |  | 0.00   |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/1

| LEGAL NAME OF C                                |   | SYSTEM:   |  |   |  |  | S                     | YSTEM ID#<br>014832 | Name  |
|--|---|---|--|---|--|--|-----------------------|---------------------|---|
| In block A:                                    | ck A must be com  |   |  |   |  |  |                       |                     | 6   |
| schedule.                                      | "Yes," leave the re   | ·   | ·  | 7 of the DSE sche   | edule blank ar   | nd complete pa   | art 8, (page 16) of   | the                 | 0   |
| If your answer if                              | "No," complete blo  |   |  | ELEVISION M   | ARKETS   |  |                       |                     | Computation of                                |
| Is the cable system                            | m located wholly o  |   |  |   |  | ection 76.5 of   | FCC rules and re      | gulations in        | 3.75 Fee                                      |
| effect on June 24,                             |   | . de adode - F  | ,  | DI ETE THE DEM  | AINIDED OF F   | 24DT 0 4ND 3   | •                     |                     |   |
|  | plete part 8 of the<br>plete blocks B and   |   | DO NOT COM   | PLETE THE REMA  | AINDER OF F  | PART 6 AND 7   | ·-                    |                     |   |
| <u>V</u> 140—Comb                              | DIELE DIOCKS D'AITU   |   |  |   |  |  |                       |                     |   |
| 0.11   |   |   |  | IAGE OF PERI  |  |  |                       |                     |   |
| Column 1:<br>CALL SIGN                         | under FCC rules   | and regulation<br>ne DSE Sche   | ons prior to Ju<br>dule. (Note: Tl   | part 2, 3, and 4 or<br>ne 25, 1981. For fine<br>letter M below r<br>Act of 2010.) | urther explana   | ation of permitt   | ted stations, see t   | he                  |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | (Note the FCC rt. A Stations carri<br>76.61(b)(c)] B Specialty stati<br>C Noncommeric<br>D Grandfatherec<br>instructions fc<br>E Carried pursus<br>*F A station pre | ules and regued pursuant in a sedimental deducation in the station (76. or DSE schedant to individually carries). | lations cited b<br>to the FCC ma<br>d in 76.5(kk) (7<br>all station [76.5<br>65) (see parag<br>lule).<br>ual waiver of F<br>ed on a part-tir<br>vithin grade-B | ne or substitute ba<br>contour, [76.59(d)(  | ose in effect of<br>76.57, 76.59(b<br>76.6)(1), 76.63(a<br>63(a) referring<br>abstitution of g | n June 24, 198<br>b), 76.61(b)(c),<br>a) referring to 7<br>g to 76.61(d)]<br>grandfathered s | 76.63(a) referring    |                     |   |
| Column 3:                                      |   | e stations ide  | ntified by the I   | n parts 2, 3, and 4<br>etter "F" in column  |  |  | worksheet on pag      | e 14 of             |   |
| 1. CALL<br>SIGN                                | 2. PERMITTED<br>BASIS   | 3. DSE  | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS   | 3. DSE   | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS | 3. DSE              |   |
|  |   |   |  |   |  |  |                       |                     |   |
|  |   |   |  |   |  |  |                       |                     |   |
|  |   |   |  |   |  |  |                       |                     |   |
|  |   |   |  |   |  |  |                       |                     |   |
|  |   |   |  |   |  |  |                       | 0.00                |   |
|  |   | В   | LOCK C: CC   | MPUTATION O   | F 3.75 FEE   |  |                       |                     |   |
| Line 1: Enter the                              | total number of   | DSEs from   | part 5 of this   | schedule  |  |  | ш                     | -                   |   |
| Line 2: Enter the                              | sum of permitte   | d DSEs fro  | m block B ab   | ove   |  |  |                       |                     |   |
|  | line 2 from line 1<br>leave lines 4–7 b   |   |  |   |  | orate.   | 111-                  | 0.00                |   |
| Line 4: Enter gro                              | oss receipts from   | space K (p  | age 7)   |   |  |  | 0.00                  | 275                 | Do any of the DSEs represent                  |
| Line 5: Multiply I                             | ine 4 by 0.0375   | and enter sı  | um here  |   |  |  | x 0.03                | <u> </u>            | partially<br>permited/<br>partially           |
|  | ·   |   |  |   |  |  | Х                     |                     | nonpermitted<br>carriage?<br>If yes, see part |
| Line of Enter tota                             | al number of DS   | ⊏s irom line  | 3  |   |  |  |                       | <u> </u>            | 9 instructions.                               |
| Line 7: Multiply I                             | ine 6 by line 5 ar  | nd enter her  | )  |   | 0.00   |  |                       |                     |   |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WideOpenWest, Inc. 014832 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 In block A: 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 ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? X 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 or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

| LEGAL NA      | WIDE OF OWNER OF CABLE SYSTEM:  WideOpenWest, Inc.   | 014832   | Name                      |
|---------------|--|----------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |          |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | 8,330.87 | 7                         |
| Section<br>2  | A. Enter the total DSEs from block B of part 7   | 0.00     | Computation of the        |
|               | B. Enter the total number of exempt DSEs from block C of part 7  | 0.00     | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.  | 0.00     | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?  X Yes—Complete section 3 below.  |          |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |          |                           |
| Section<br>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.      X No—Complete the applicable section below.  |          |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  |          |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)  |          |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)   |          |                           |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on   |          |                           |
|               | line C in section 2) and enter here  |          |                           |
|               | D. Multiply line B by line C and enter here  |          |                           |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |          |                           |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |          |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)   |          |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |          |                           |
|               | C. Multiply line B by 3.000 and enter here   |          |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)   |          |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |          |                           |
|               | F. Multiply line D by line E and enter here  |          |                           |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |          |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |          |                           |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |          |                           |
| Section<br>4a | Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.   |          |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) |          |                           |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)   |          |                           |
|               | C.Subtract 1.000 from total permitted DSEs (the 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:  WideOpenWest, Inc.   | SYSTEM ID#<br>014832 |  |  |  |  |  |
|---------------------------|---------------|--|----------------------|--|--|--|--|--|
|                           |               |  |                      |  |  |  |  |  |
| 7                         | Section<br>4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |                      |  |  |  |  |  |
| Computation of the        |               | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$   |                      |  |  |  |  |  |
| Syndicated<br>Exclusivity |               | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$   |                      |  |  |  |  |  |
| Surcharge                 |               | C. Multiply line B by 3.000 and enter here   |                      |  |  |  |  |  |
|                           |               | D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$  |                      |  |  |  |  |  |
|                           |               | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here   |                      |  |  |  |  |  |
|                           |               | F. Multiply line D by line E and enter here  |                      |  |  |  |  |  |
|                           |               | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  |                      |  |  |  |  |  |
|                           |               | Syndicated Exclusivity Surcharge   |                      |  |  |  |  |  |
|                           | 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 p  | art                  |  |  |  |  |  |
|                           |               | checked "Yes," use the total number of DSEs from part 5.  ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  |                      |  |  |  |  |  |
| Computation of            | -             | ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be  | dow                  |  |  |  |  |  |
| Base Rate Fee             | blank         |  | IOW                  |  |  |  |  |  |
|                           |               | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers<br>ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc | a al                 |  |  |  |  |  |
|                           |               | e area," see page (v) of the general instructions.   | aı                   |  |  |  |  |  |
|                           |               |  |                      |  |  |  |  |  |
|                           | • Did v       | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?   |                      |  |  |  |  |  |
|                           | Г             | Yes—Complete part 9 of this schedule.  |                      |  |  |  |  |  |
|                           |               | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |                      |  |  |  |  |  |
|                           | Section       |  |                      |  |  |  |  |  |
|                           | 1             | Enter the amount of gross receipts from space K (page 7)   | .87                  |  |  |  |  |  |
|                           | Section 2     | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  |                      |  |  |  |  |  |
|                           | _             |  | 0.00                 |  |  |  |  |  |
|                           | Section       |  |                      |  |  |  |  |  |
|                           | 3             | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.                                 |                      |  |  |  |  |  |
|                           |               | A. Enter 0.01064 of gross receipts   |                      |  |  |  |  |  |
|                           |               | (the amount in section 1)  | <u>-</u>             |  |  |  |  |  |
|                           |               | 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  | <u>-</u>             |  |  |  |  |  |
|                           |               | 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.   | <u>-</u>             |  |  |  |  |  |
|                           |               | μφ   | <u> </u>             |  |  |  |  |  |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024/1

| LEGAL MANUE OF OMNIED OF OADLE OVOTEN.   | OVOTEM ID#               | 7 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
|--|--------------------------|---|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#               | Name                                      |
| WideOpenWest, Inc.   | 014832                   |   |
| Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.  |                          |   |
| A. Enter 0.01064 of gross receipts   |                          | 8   |
| (the amount in section 1) <b></b>  |                          |   |
| B. Enter 0.00701 of gross receipts   |                          | Computation                               |
| (the amount in section 1) \$   |                          | of  |
|  |                          | Base Rate Fee                             |
| C. Multiply line B by 3.000 and enter here <b>▶</b> \$   |                          |   |
| D. Enter 0.00330 of gross receipts  (the amount in section 1)  * \$  |                          |   |
| (the amount in section 1)  |                          |   |
| E. Subtract 4.000 from total DSEs  |                          |   |
| (the figure in section 2) and enter here   |                          |   |
| F. Multiply line D by line E and enter here <b>▶</b>   |                          |   |
| G. Add lines A, C, and F. This is your base rate fee   |                          |   |
| Enter here and in block 3, line 1, space L (page 7)  |                          |   |
| Base Rate Fee ► \$   | 0.00                     |   |
| MADORIANT. His color and the state of the st | h                        |   |
| <b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported mups in Space G.  |                          | 9   |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base  | e rate fee, to exclude   | Computation                               |
| receipts from subscribers located within the station's local service area, from your system's total gross receipts. T  |                          | Computation of                            |
| this exclusion, you must:  |                          | Base Rate Fee                             |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are   | distant to the same      | and                                       |
| station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. De   |                          | Syndicated<br>Exclusivity                 |
| DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rat  Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your sys  |                          | Surcharge                                 |
|  |                          | for                                       |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not ex must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both blc However, if your cable system is wholly located outside all major television markets, complete block A only.   |                          | Partially<br>Distant<br>Stations, and     |
| How to Identify a Subscriber Group for Partially Distant Stations  |                          | for Partially                             |
| Step 1: For each community served, determine the local service area of each wholly distant and each partially dis  | stant station you        | Permitted                                 |
| carried to that community.   | nam otation you          | Stations                                  |
| <b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)   |                          |   |
| Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations system will have only one subscriber group when the distant stations it carried have local service areas that coincidents.   | . Note that a cable      |   |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of subscriber groups.  | our system's             |   |
| In each section:   |                          |   |
| Identify the communities/areas represented by each subscriber group.   |                          |   |
| • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is dist subscribers in the group.  | ant to all of the        |   |
| • If:  |                          |   |
| 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you and 4 of this schedule; or,  | gave it in parts 2, 3,   |   |
| <ol> <li>any portion of your system is located in a major or smaller televison market, give each station's DSE as you gate part 6 of this schedule.</li> </ol>   | ve it in block B,        |   |
| Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.  |                          |   |
| • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the in the paper SA3 form.  | general instructions     |   |
| <ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber of DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do your actual calculations on the form.</li> </ul>   | roup (that is, the total |   |

|      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | STEM ID: |
|------|--|----------|
| Name | WideOpenWest, Inc.   | 01483    |
|      | 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.  |          |
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| LEGAL NAME OF OV<br>WideOpenWest  |                        | LE SYSTEM:       |                 |                               |            | S                          | 014832   | Name                |
|-----------------------------------|------------------------|------------------|-----------------|-------------------------------|------------|----------------------------|----------|---------------------|
|                                   |                        | COMPUTATION C    |                 | TE FEES FOR EAG               |            | IBER GROUP  SUBSCRIBER GRO | UP       |                     |
| COMMUNITY/ AREA 0                 |                        |                  | 0               | COMMUNITY/ ARE                | A          |                            | 0        | <b>9</b> Computatio |
| CALL SIGN                         | SIGN DSE CALL SIGN DSE |                  |                 | CALL SIGN                     | DSE        | CALL SIGN                  | DSE      |                     |
|                                   |                        |                  |                 |                               |            |                            |          | Base Rate F         |
|                                   |                        |                  |                 |                               |            |                            |          | and<br>Syndicate    |
|                                   |                        |                  |                 |                               |            |                            |          | Exclusivit          |
|                                   |                        |                  |                 |                               |            |                            |          | Surcharge<br>for    |
|                                   |                        |                  |                 |                               |            |                            |          | Partially           |
|                                   |                        |                  |                 |                               |            |                            |          | Distant<br>Stations |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
| Total DCTa                        |                        |                  | 0.00            | Total DSEs                    |            |                            | 0.00     |                     |
| Total DSEs<br>Gross Receipts Firs | et Group               | ¢                | 0.00            | Total DSEs Gross Receipts Sec | cond Group | ¢                          | 0.00     |                     |
| 31055 Neceipis Fils               | st Group               | <b>3</b>         | 0.00            | Gloss Receipts Set            | cond Group | \$                         | 0.00     |                     |
| Base Rate Fee Firs                | t Group                | \$               | 0.00            | Base Rate Fee Sec             | cond Group | \$                         | 0.00     |                     |
| COMMUNITY/ A DE                   |                        | SUBSCRIBER GRO   | )UP<br><b>0</b> | COMMUNITY/ADE                 |            |                            |          |                     |
| COMMUNITY/ ARE                    | :A                     |                  | <u> </u>        | COMMUNITY/ AREA 0             |            |                            |          |                     |
| CALL SIGN                         | DSE                    | CALL SIGN        | DSE             | CALL SIGN                     | DSE        | CALL SIGN                  | DSE      |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
|                                   |                        |                  |                 |                               |            |                            |          |                     |
| Γotal DSEs                        |                        |                  | 0.00            | Total DSEs                    |            |                            | 0.00     |                     |
| Gross Receipts Thi                | rd Group               | \$               | 0.00            | Gross Receipts Fou            | urth Group | \$                         | 0.00     |                     |
|                                   |                        |                  | _               |                               |            |                            | <u> </u> |                     |
| Base Rate Fee Thi                 | rd Group               | \$               | 0.00            | Base Rate Fee Fou             | urth Group | \$                         | 0.00     |                     |
|                                   |                        |                  |                 | Ш                             |            |                            |          |                     |
|                                   |                        |                  | scriber group   | as shown in the boxe          | s above.   | •                          | 0.00     |                     |
| Enter here and in b               | юск 3, line 1,         | space L (page 7) |                 |                               |            | \$                         | 0.00     |                     |

### Nonpermitted 3.75 Stations

| LEGAL NAME OF OWN WideOpenWest, I                     |          | LE SYSTEM:                    |              |                                 |                             | S                            | 014832 | Name                      |
|---|----------|-------------------------------|--------------|---------------------------------|-----------------------------|------------------------------|--------|---------------------------|
| E   |          | COMPUTATION OF SUBSCRIBER GRO |              | TE FEES FOR EAC                 |                             | IBER GROUP<br>SUBSCRIBER GRO | UP     | _                         |
| COMMUNITY/ AREA                                       |          |                               | 0            | COMMUNITY/ AREA 0               |                             |                              |        | <b>9</b> Computation      |
| CALL SIGN   | DSE      | CALL SIGN                     | DSE          | CALL SIGN                       | CALL SIGN DSE CALL SIGN DSE |                              |        |                           |
|   |          |                               |              |                                 |                             |                              |        | Base Rate Fee             |
|   |          |                               |              |                                 |                             |                              |        | Syndicated<br>Exclusivity |
|   |          |                               |              |                                 |                             |                              |        | Surcharge                 |
|   |          |                               |              |                                 |                             |                              |        | for<br>Partially          |
|   |          |                               |              |                                 |                             |                              |        | Distant                   |
|   |          |                               |              |                                 |                             |                              |        | Stations                  |
|   |          |                               |              |                                 |                             | -                            |        |                           |
|   |          |                               |              |                                 |                             |                              |        |                           |
|   |          |                               |              |                                 |                             |                              |        |                           |
| Tatal DOEs  |          |                               | 0.00         | T. A. I. DOE.                   |                             |                              | 0.00   |                           |
| Total DSEs<br>Gross Receipts First (                  | Proup    | \$                            | 0.00         | Total DSEs Gross Receipts Seco  |                             |                              |        |                           |
| orosa receipta i iist (                               | эгоир    | <u>*</u>                      | 0.00         | Oross Receipts Sect             | ли Огоир                    | \$                           | 0.00   |                           |
| Base Rate Fee First (                                 |          | \$                            | 0.00         | Base Rate Fee Seco              |                             | \$ SUBSCRIBER GRO            | 0.00   |                           |
| COMMUNITY/ AREA                                       | THIRD    | SUBSCRIBER GRO                | UP <b>0</b>  | COMMUNITY/ AREA                 |                             |                              |        |                           |
|   |          |                               |              | - COMMONT I/ AILE               |                             |                              |        |                           |
| CALL SIGN   | DSE      | CALL SIGN                     | DSE          | CALL SIGN                       | DSE                         | CALL SIGN                    | DSE    |                           |
|   |          |                               |              |                                 |                             |                              |        |                           |
|   |          |                               |              |                                 |                             |                              |        |                           |
|   |          |                               |              |                                 |                             |                              |        |                           |
|   |          |                               |              |                                 |                             |                              |        |                           |
|   |          |                               |              |                                 |                             |                              |        |                           |
|   |          |                               |              |                                 |                             |                              |        |                           |
|   |          | _                             |              |                                 |                             |                              |        |                           |
|   |          |                               |              |                                 |                             |                              |        |                           |
|   |          |                               |              |                                 |                             |                              |        |                           |
| Total DSEs  |          |                               | 0.00         | Total DSEs                      |                             |                              | 0.00   |                           |
| Gross Receipts Third                                  | Group    | \$                            | 0.00         | Total DSEs  Gross Receipts Four | th Group                    | <b>\$</b>                    | 0.00   |                           |
|   | - : - ap | ·                             |              |                                 | µ                           | ·                            |        |                           |
| Base Rate Fee Third                                   | Group    | \$                            | 0.00         | Base Rate Fee Four              | th Group                    | \$                           | 0.00   |                           |
|   |          |                               |              |                                 |                             | <u></u>                      |        |                           |
| <b>Base Rate Fee:</b> Add t<br>Enter here and in bloo |          |                               | criber group | as shown in the boxes           | s above.                    | \$                           | 0.00   |                           |

ACCOUNTING PERIOD: 2024/1

FORM SA3F PAGE 20

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Name  | WideOpenWest, Inc.   | 014832   |  |  |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                              |  |  |  |  |  |  |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |  |  |  |  |  |
| Computation of  | ☐ First 50 major television market   | ☐ First 50 major television market ☐ Second 50 major television market |  |  |  |  |  |  |
| Base Rate Fee<br>and  | INSTRUCTIONS:  |  |  |  |  |  |  |  |
| Syndicated Exclusivity Surcharge for Partially Distant Stations | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |  |  |  |  |  |  |
|   | FIRST SURSCRIPED CROUD   | SECOND STIBSSDIBED CDOTID  |  |  |  |  |  |  |
|   | FIRST SUBSCRIBER GROUP   | SECOND SUBSCRIBER GROUP  |  |  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs   | Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs              |  |  |  |  |  |  |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                                    |  |  |  |  |  |  |
|   | and enter here. This is the total number of DSEs for   | and enter here. This is the total number of DSEs for                   |  |  |  |  |  |  |
|   | this subscriber group  | this subscriber group  |  |  |  |  |  |  |
|   | subject to the surcharge subject to the surcharge  |  |  |  |  |  |  |  |
|   | computation  | computation  |  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |  |  |  |  |  |
|   | SURCHARGE First Group  | SURCHARGE Second Group   |  |  |  |  |  |  |
|   | THIRD SUBSCRIBER GROUP   | FOURTH SUBSCRIBER GROUP  |  |  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |  |  |  |  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |  |  |  |  |  |  |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                                    |  |  |  |  |  |  |
|   | and enter here. This is the total number of DSEs for   | and enter here. This is the<br>total number of DSEs for                |  |  |  |  |  |  |
|   | this subscriber group  | this subscriber group  |  |  |  |  |  |  |
|   | subject to the surcharge   | subject to the surcharge   |  |  |  |  |  |  |
|   | computation  | computation  |  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY   |  |  |  |  |  |  |
|   | Third Group  | SURCHARGE Fourth Group   |  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ein the boxes above. Enter here and in block 4, line 2 of space L (page  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |