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 | | | | | |
| 8-22-24 | \$ | | | | | |
| 0-22-24 | ALLOCATION NUMBER | | | | | |

Return completed workbook by email to:

coplicsoa@loc.gov

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

| Α | AC | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | |
|----------------------|------|---|--|----------------------------------|------------------|--|--|--|--|
| Accounting Period | | 2023/2 | | | | | | | |
| B Owner | rate | Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine. If there were different owners during the accounting period, only the owneringle statement of account and royalty fee payment covering the entire acco | ss of the cable syste r on the last day of th unting period. | m. e accounting period should su | | | | | |
| | LE | GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | |
| | | HARGRAY COMMUNICATIONS GROUP, INC. | | | | | | | |
| | | Hargray CATV Company, LLC; Hargray, LLC Com | South Telenet | t, LLC; Hargray of A | labama, LLC | | | | |
| | | | | | 370412023-2 | | | | |
| | | | | | 37041 2023/2 | | | | |
| | | PO BOX 5986 HILTON HEAD, SC 29925-5986 | | | | | | | |
| | INS | STRUCTIONS: In line 1, give any business or trade names used to i | dentify the busines | ss and operation of the syst | tem unless these | | | | |
| С | nar | nes already appear in space B. In line 2, give the mailing address o | f the system, if diff | erent from the address give | en in space B. | | | | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: HARGRAY COMMUNICATIONS | | | | | | | |
| | 2 | MAILING ADDRESS OF CABLE SYSTEM: 925 Fording Island Rd. 1425 Ribaut Rd. (Number, street, rural route, apartment, or suite number) | 1357 Sam | Nunn Blvd. 1621 C | ogswell Ave. | | | | |
| | | Bluffton, SC 29910 Port Royal, SC 29935 | Perry, GA 3 | 1069 Pell City, | AL 35125 | | | | |
| | + | (City, town, state, zip code) | | | P. 4 | | | | |
| D | | tructions: For complete space D instructions, see page 1b. Identify | only the first comm | nunity served below and re | list on page 1b | | | | |
| Area Served | wit | n all communities. CITY OR TOWN | STATE | | | | | | |
| First | | BLUFFTON | SC | | | | | | |
| Community | | elow is a sample for reporting communities if you report multiple cha | | naco G | | | | | |
| | | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | | | | |
| Samula | Ald | | MD | A | 1 | | | | |
| Sample | Alli | ance | MD | В | 2 | | | | |
| | Gei | ing | MD | В | 3 | | | | |

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 37041 HARGRAY COMMUNICATIONS GROUP, 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 filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP CITY OR TOWN STATE SUB GRP# **BLUFFTON** SC AΑ First **HARDEEVILLE** SC AA Community **BEAUFORT** SC AA **BEAUFORT COUNTY** SC AA LADY'S ISLAND SC AA 1 LAUREL BAY SC AA 1 See instructions for MARINE CORPS AIR STATION SC AA 1 additional information on alphabetization. **PARRIS ISLAND** SC AA 1 **PORT ROYAL** SC AA 1 SC SAINT HELENA ISLAND AA 1 **SHELDON** SC AA 1 Add rows as necessary YEMASSEE SC AA 1 **DAUFUSKIE ISLAND** SC AA 1 SC 1 **HILTON HEAD ISLAND** AA **OKATIE** SC AA **RIDGELAND** SC AA **STATESBORO** GA 2 AA **BULLOCH COUNTY** GA AA 2 **CALLAWASSIE ISLAND** SC 1 AA JASPER COUNTY SC 1 AA **HAMPTON COUNTY** SC AA 1 **SPRING ISLAND** SC AA 1 **PERRY** GA AB 1 **KATHLEEN** GA AB 1 **UNADILLA GA** AB 1 **COCHRAN** GA AB 1 **FORT VALLEY** GA AB 1 HAWKINSVILLE GA AB 1 GA AB 1 **EASTMAN MARSHALLVILLE** GA AB **PINEHURST** GA AB **BONAIRE GA** AB **BLECKLEY COUNTY** GA AB 1 **CAMDEN COUNTY** AΒ GΑ **DOOLY COUNTY** GA AB 1 AB 1 **PULASKI COUNTY GA HOUSTON COUNTY (PORTIONS OF** GA AB 1 **HAYNEVILLE** GA AB **KINGSLAND** AC **GA** 1 GA AC 1 **MORGAN COUNTY (PORTIONS OF)** GA AD **EATONTON** GA AD 3

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | |
|--|-------------------|--|------------|------------------------|
| HARGRAY COMMUNICATIONS GROUP, INC. | | | 37041 | |
| Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpo areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first | rated communitie | es within unincorpor you list will serve as | rated | D Area Served |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town. | e parks should be | e reported in parent | heses | |
| If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each releasingnated by a number (based on your reporting from Part 9). | column blank. İf | you report any stat | tions | |
| When reporting the carriage of television broadcast stations on a community-by-comm | a subscriber grou | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | |
| GREENSBORO | GA | AD | 3 | First |
| GREENE COUNTY | GA | AD | 3 | Community |
| PUTNAM COUNTY | GA | AD | 3 | |
| REIDSVILLE | GA | AE | 4 | |
| COLLINS | GA | AE | 4 | |
| GLENNVILLE | GA | AE | 4 | See instructions for |
| BYRON PEACH | GA | AF | 1 | additional information |
| BYRON HOUSTON | GA | AF | 1 | on alphabetization. |
| CENTERVILLE | GA | AF | 1 | |
| WARNER ROBINS | GA | AF | 1 | |
| PEACH COUNTY | GA | AF | 1 | Add rows as necessary. |
| PELL CITY | AL | AG | 1 | nua rons as necessary. |
| MOODY | AL | AG | 11 | |
| ODENVILLE | AL | AG | 11 | |
| LINCOLN | AL | AG | 11 | |
| ST. CLAIR COUNTY | AL | AG | 1 | |
| RIVERSIDE | AL | AG | 11 | |
| SPRINGVILLE | AL | AG | 1 | |
| TALLEGA COUNTY (PORTIONS OF) | AL | AG | 1 | |
| ALPINE LEEDS | AL AL | AG AG | 1 | |
| MARGARET | | | 1 | |
| VINCENT | AL AL | AG AG | 1 | |
| VINCENT | AL | AG | | |
| FSTILL | SC | AH | 1 | |
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
HARGRAY COMMUNICATIONS GROUP, INC.
37041

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 | R | ATE | CATEGORY OF SERVICE | SUBSCRIBERS | RATE | |
| Residential: | | | | | | | |
| Service to first set | 15,482 | \$ | 30.00 | | | | |
| Service to additional set(s) | | | | | | | |
| FM radio (if separate rate) | | | | | | | |
| Motel, hotel | | | | | | | |
| Commercial | 883 | \$ | 54.03 | | | | |
| Converter | | | | | | | |
| Residential | 15,482 | | - 10.00 | | | | |
| Non-residential | 883 | \$ | 8.00 | | | | |
| ſ | | 7 | | | | | |

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.

| | BLC | OCK 1 | | | BLOCK 2 | | |
|---|-------------|---|----|-------|---------------------|----|-------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | F | RATE | CATEGORY OF SERVICE | F | RATE |
| Continuing Services: | | Installation: Non-residential | | | | | |
| Pay cable | 10.99-19.00 | Motel, hotel | | | STANDARD | \$ | 55.00 |
| Pay cable—add'l channel | | Commercial | | | DIGITAL VALUE PACK | \$ | 15.00 |
| Fire protection | | • Pay cable | | | HISPANIC PROGRAMS | \$ | 9.99 |
| Burglar protection | | Pay cable-add'l channel | | | STANDARD (ESTILL) | \$ | 49.00 |
| Installation: Residential | | Fire protection | | | PREMIER MOVIE | \$ | 36.00 |
| First set | \$ 50.00 | Burglar protection | | | (ESTILL) | | |
| Additional set(s) | | Other services: | | | STANDARD (ALABAMA) | \$ | 34.00 |
| FM radio (if separate rate) | | • Reconnect | \$ | 30.00 | | | |
| Converter | | Disconnect | | | | | |
| | | Outlet relocation | | | | | |
| | | Move to new address | | | | | |
| | | | | | | | |

| FORM SA3E. PAGE 3. | | | | | OVOTEMIE | u |
|--|--|--|--|--|--|------------------------|
| | | | ID INC | | | Name |
| I | 3704 | | | | | |
| carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program be Substitute Basis basis under specific F • Do not list the station station was carried • List the station here basis. For further i in the paper SA3 froumn 1: List ea each multicast stream cast stream as "WET. WETA-simulcast). Column 2: Give the its community of licen on which your cable stream on which your cable stream cast stream as "Indicated educational station, be (for independent mult For the meaning of the Column 4: If the splanation of local serv. Column 5: If your | ERS: TELEVISIO G, identify every system during the tions in effect or 6.61(e)(2) and (asis, as explained Stations: With record only on a substitution of a s | representation of the local serving of the station. The station of the station of the station of the station. The station of the station of the station of the station. The station of the station of the station of the station. The station of the station of the station of the station of the station. The station of th | ation (including to period, except 81, permitting the referring to 76.6° paragraph. If distant stations orizations: to it in space I (the referring to its over the permitting the permitten the permitting the permitten the permitting the permitting the permitting the permitten the permitting the permitten | (1) stations carrie (1) stations carrie carriage of certa (1) (2) and (4))]; as carried by your of the Special Statement of both on a substitutions, see page (v) of the program service er-the-air designation of the television station of the television of the television station of the television station of the television of the television station of the television of the telev | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | Name |
| carried the distant sto | | | | | | |
| For the retransmis of a written agreemen the cable system and tion "E" (exempt). For explanation of these t Column 6: Give th FCC. For Mexican or | sion of a distant at entered into or a primary transic simulcasts, also three categories, ne location of ear Canadian station | multicast streen or before Ju mitter or an associated enter "E". If see page (v) ch station. Fo ns, if any, give | eam that is not s ne 30, 2009, be ssociation repre- you carried the o of the general i or U.S. stations, le the name of the | subject to a royalty tween a cable sys senting the prima channel on any of nstructions locate list the community with | y payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form. | |
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| For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these toolumn 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN WVAN WSAV WSAV-2 WSAV-3 W30CV-D WJCL WJCL-2 WTGS-2 WTGS-3 WJWJ-3 WTOC-2 WTOC-2 WTOC-2 | sion of a distant at entered into or a primary transic simulcasts, also three categories, he location of ear Canadian station g multiple channels. 2. B'CAST CHANNEL NUMBER 8 16 16.2 16.3 30 22 22.2 26.2 26.3 32.3 23.3 23.2 23.2 | multicast stree or or before Jumitter or an assistent of the see page (v) ch station. Fo one, if any, give anel line-ups, if any give anel line-ups, if see page (v) ch station. Fo one, if any, give anel line-ups, give anel lin | eam that is not some 30, 2009, be sociation represented the coordinate of the general in the coordinate of the coordinate o | subject to a royalty tween a cable sys senting the prima channel on any of nstructions locate list the community are community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) | payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is identified. In the channel line-up. 6. LOCATION OF STATION Savannah, GA Savannah, GA Savannah, GA Hilton Head, SC Savannah, GA Savannah, GA Hardeeville, SC Hardeeville, SC Beaufort, SC Savannah, GA Savannah, GA Savannah, GA Savannah, GA | additional information |
| For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these toolumn 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN WVAN WSAV WSAV-2 WSAV-3 W30CV-D WJCL WJCL-2 WTGS WTGS-3 WJWJ-3 WTOC-2 WTOC-2 WTOC-3 WTOC-4 | sion of a distant at entered into or a primary transic simulcasts, also three categories, he location of ear Canadian station in multiple channels. 2. B'CAST CHANNEL NUMBER 8 16 16.2 16.3 30 22 22.2 26 26.2 26.3 32.3 23 23.2 23.2 | multicast stree or or before Jumitter or an associated as a senter "E". If see page (v) chi station. Fo one, if any, give anel line-ups, if any give anel li | eam that is not some 30, 2009, be sociation represented the control of the general in the control of the contro | subject to a royalty tween a cable sys senting the prima channel on any of nstructions locate list the community are community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) | payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is identified. In the channel line-up. 6. LOCATION OF STATION Savannah, GA Savannah, GA Savannah, GA Hilton Head, SC Savannah, GA Savannah, GA Hardeeville, SC Hardeeville, SC Hardeeville, SC Savannah, GA Savannah, GA Savannah, GA Savannah, GA Savannah, GA Savannah, GA Hardeeville, SC Savannah, GA Savannah, GA Savannah, GA Savannah, GA | additional information |
| For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these tolumn 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN WVAN WSAV-2 WSAV-3 W30CV-D WJCL-2 WTGS WTGS-3 WJWJ-3 WTOC-2 WTOC-2 | sion of a distant at entered into or a primary transic simulcasts, also three categories, he location of ear Canadian station method multiple channels and the categories of the categories of the canadian station method multiple channels and the categories of the canadian station method multiple channels and | multicast stree or or before Jumitter or an associated as a senter "E". If see page (v) chi station. Fo one, if any, give anel line-ups, if any give anel li | eam that is not some 30, 2009, be sociation represented the coordinate of the general in the coordinate of the coordinate o | subject to a royalty tween a cable sys senting the prima channel on any of nstructions locate list the community are community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) | payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identified. Channel line-up. 6. LOCATION OF STATION Savannah, GA Savannah, GA Savannah, GA Hilton Head, SC Savannah, GA Savannah, GA Hardeeville, SC Hardeeville, SC Beaufort, SC Savannah, GA | additional information |

| FORM SA3E. PAGE 3. | ED OF OADLE OV | YOTEM. | | | SYSTEM ID | A# |
|---|---|---|---|--|--|--|
| HARGRAY CON | | | JP, INC. | | 3704 | Name |
| PRIMARY TRANSMITTE | | | , | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S 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 cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the | ystem during the ons in effect or .61(e)(2) and (esis, as explaine stations: With record or rules, regular here in space only on a substand also in spatormation concurre. In station's call associated with -2". Simulcast echannel numbers of the cast, "E" (for not see terms, see pation is outside to are a part-tire in or a part-tire in or a part-tire in or a part-tire in or a primary transistimulcasts, also ree categories, a location of eacandian station or eacandian station or eacandian station or eacandian station of eacandian station or eacandian station entered into or eacandian station entered into or eacandian station or eacandian station entered into entered | ne accounting a June 24, 1984 4), or 76.63 (r d in the next prespect to any actions, or authors, or a station account of a station account of a station account of the station. Whether the station account of the local service (v) of the conduction of the local service on or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or or before June basis because of the local service or | period, except and period, except and permitting the ferring to 76.6° paragraph. If distant stations orizations: It it in space I (the station was carried ute basis station be reported in ording to its own be reported in ording to its own be reported in ordinal and the station is a network ation is a network ation is a network of educational), one general instruction and the station is a network of educational, one general instruction area, (i.e. "organization general instruction area of lack of a station is an education period accounting period | (1) stations carried to carriage of certa- 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substiffus, see page (v) of the program service the television statistington, D.C. This ark station, an indefor network multice the television statistington, D.C. This ark station, an indefor network multice the television statistington, patch the television statistington, patch in the for network multice the television statistington, patch in the form the television located in the foliation of the television of | es. If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. | Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | AA (CONT'D |) | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WJWJ-4 | 32.4 | E-M | Yes | 0 | Beaufort, SC | |
| WSAV-4 | 16.4 | I-M | No | | Savannah, GA | See instructions for |
| WTGS-4 | 26.4 | I-M | No | | Hardeeville, SC | additional information |
| WTOC-6 | 23.6 | I-M | No | | Savannah, GA | on alphabetization. |
| W30CV-D-SIMUL | 30 | I | No | | Hilton Head, SC | |
| WSAV-SIMUL | 16 | N | No | | Savannah, SC | |
| WJCL-SIMUL | 22 | N | No | | Savannah, SC | |
| WJWJ-SIMUL | 32 | E | Yes | E | Beaufort, SC | |
| WTGS-SIMUL | 26 | I | No | | Hardeeville, SC | |
| WTOC-SIMUL | 23 | N | No | | Savannah, GA | |
| WSCG-SIMUL | 35 | <u> </u> | No | | Baxley, GA | |
| WSAV-2-SIMUL | 16.2 | I-M | No | | Savannah, GA | |
| WSAV-4-SIMUL | 16.4 | I-M | No | | Savannah, GA | |
| WTOC-6-SIMUL | 23.6 | I-M | No | | Savannah, GA | |
| | | | | | | |
| | | 1 | | | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

HARGRAY COMMUNICATIONS GROUP, 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is 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 SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WGXA | 26 | I | No | | Macon, GA |
| WGNM | 33 | I | No | | Macon, GA |
| WPGA | 23 | I | No | | Perry, GA |
| WPGA-2 | 23.2 | I-M | No | | Atlanta, GA |
| WPGA-3 | 23.3 | I-M | No | | Atlanta, GA |
| WPGA-4 | 23.4 | I-M | No | | Atlanta, GA |
| WPGA-5 | 23.5 | I-M | No | | Atlanta, GA |
| WPGA-6 | 23.6 | I-M | No | | Atlanta, GA |
| WPGA-8 | 23.8 | I-M | No | | Atlanta, GA |
| WMGT | 30 | N | No | | Macon, GA |
| WMGT-2 | 30.2 | I-M | No | | Macon, GA |
| WMUM | 9 | E | No | | Cochran, GA |
| WMUM-2 | 9.2 | E-M | No | | Cochran, GA |
| WMUM-4 | 9.4 | E-M | No | | Cochran, GA |
| WMAZ | 13 | N | No | | Macon, GA |
| WMAZ-2 | 13.2 | I-M | No | | Macon, GA |
| WGXA-2 | 26.2 | N-M | No | | Macon, GA |
| WPGA-7 | 23.7 | I-M | No | | Atlanta, GA |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | | |
|--|--|--|--|---|--|---|
| LEGAL NAME OF OWN | | | .D. IN.O. | | SYSTEM ID# | Name |
| | | | JP, INC. | | 37041 | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 for Column 1: List each 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 multi For the meaning of the Column 4: If the st planation of local servi Column 5: If you cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the | G, identify every system during the ions in effect or 5.61(e)(2) and (4 sis, as explaine stations: With record only on a substand also in spanformation concord. She station's call associated with A-2". Simulcast: e channel numbers of the in each case was entered the in each case was entered "Ye he distant station is outside ice area, see paave entered "Ye he distant station on a partision of a distant tentered into or a primary transis simulcasts, also aree categories, see pare entered into or a primary transis simulcasts, also aree categories, | ry television stane accounting a June 24, 198 4), or 76.63 (red in the next prespect to any titions, or authors are streams must be referred to a station account a station ac | ation (including period, except 81, permitting the eferring to 76.6° baragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its own be reported in compart of the educational), of expensed in structional exception of the education exception of the education exception of the education exception of the education exception excepti | (1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program service er-the-air designation of the television statistically of the television | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | G Primary Transmitters: Television |
| Note: If you are utilizing | | | | • | which the station is identifed. channel line-up. | |
| | | CHANN | EL LINE-UP | AB CONT'D | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WMAZ-3 | 13.3 | I-M | No | | Macon, GA | |
| WMGT-4 | 30.4 | I-M | No | | Macon, GA | |
| WMGT-5 | 30.5 | I-M | No | | Macon, GA | |
| WGXA-3 | 26.3 | I-M | No | | Macon, GA | |
| WMAZ-SIMUL | 13 | N | No | | Macon, GA | |
| WGXA-SIMUL | 26 | I | No | | Macon, GA | |
| WGXA-2-SIMUL | 26.2 | N-M | No | | Macon, GA | |
| WPGA-SIMUL | 23 | l | No | | Perry, GA | |
| WMGT-SIMUL | 30 | N | No | | Macon,GA | |
| WMUM-SIMUL | 9 | E | No | | Cochran, GA | |
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ACCOUNTING PERIOD: 2023/2 FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AC | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WJXT | 18 | I | No | | Jacksonville, FL |
| WJAX | 19 | N | No | | Jacksonville, FL |
| WTLV | 13 | N | No | | Jacksonville, FL |
| WJEB-2 | 21.2 | I-M | No | | Jacksonville, FL |
| WJCT | 9 | E | No | | Jacksonville, FL |
| WJCT-2 | 9.2 | E-M | No | | Jacksonville, FL |
| WJCT-3 | 9.3 | E-M | No | | Jacksonville, FL |
| WJCT-4 | 9.4 | E-M | No | | Jacksonville, FL |
| WCWJ | 20 | I | No | | Jacksonville, FL |
| WCWJ-2 | 20.2 | I-M | No | | Jacksonville, FL |
| WCWJ-3 | 20.3 | I-M | No | | Jacksonville, FL |
| WJEB-3 | 21.3 | I-M | No | | Jacksonville, FL |
| WFOX | 14 | I | No | | Jacksonville, FL |
| WFOX-2 | 14.2 | I-M | No | | Jacksonville, FL |
| WFOX-3 | 14.3 | I-M | No | | Jacksonville, FL |
| WFOX-4 | 14.4 | I-M | No | | Jacksonville, FL |
| WJXX | 10 | N | No | | Orange Park, FL |
| WJXX-2 | 10.2 | I-M | No | | Orange Park, FL |

FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC (CONT'D) 1 CALL 2 B'CAST 3 TYPF 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) WJAX-2 19.2 I-M No Jacksonville, FL WJXT-2 18.2 I-M No Jacksonville, FL WJXT-3 18.3 I-M No Jacksonville, FL **WJEB** 21 ı Jacksonville, FL No WJCT-5 9.5 E-M No Jacksonville, FL WTLV-2 13.2 I-M No Jacksonville, FL WTLV-3 No 13.3 I-M Jacksonville, FL WJAX-3 19.3 I-M No Jacksonville, FL WJXX-3 10.3 I-M No Orange Park, FL WJXX-4 10.4 Orange Park, FL I-M No **WPXC** Brunswick. GA 24 ı No WPXC-2 24.2 I-M No Brunswick, GA WPXC-4 I-M 24.4 No Brunswick, GA WPXC-6 24.6 I-M No Brunswick, GA WJXT-SIMUL 18 ı No Jacksonville, FL WJAX-SIMUL 19 N No Jacksonville, FL WJCT-SIMUL 9 Ε No Jacksonville, FL

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

Jacksonville, FL

WCWJ-SIMUL

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| FORM SA3E. PAGE 3. | | | | | | T |
|--|--|--|--|---|---|------------------------------------|
| LEGAL NAME OF OWN | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| HARGRAY COI | MMUNICATI | ONS GROU | JP, INC. | | 37041 | |
| PRIMARY TRANSMITTI In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base substitute program base substitute Basis of Subs | MMUNICATION G, identify every system during the ions in effect or 5.61(e)(2) and (4.5) as explaine stations: With record only on a substant and also in spanformation concord. The ions of the ineach case of the ions of | r television standard and accounting a June 24, 198 4), or 76.63 (r d in the next prespect to any tions, or authors, or authors, or authors, or authors, it the standard account a station account a station account account and account a station The station account a station account | ation (including period, except 81, permitting the eferring to 76.6° paragraph. distant stations orizations: it in space I (the stion was carried ute basis station eport origination cording to its own be reported in commend 4 in Wash ation is a netwo etwork), "N-M" (if educational), of egeneral instructions at the strong station is a setting at the strong station is a network), "N-M" (if educational), of egeneral instructions at the strong station is a network), "N-M" (if educational), of egeneral instructions at the strong stro | (1) stations carrie te carriage of certa 1(e)(2) and (4))]; a s carried by your c te Special Stateme the both on a substiff thes, see page (v) of the program service ter-the-air designate column 1 (list each the television stati tington, D.C. This trk station, an indefor network multic tr "E-M" (for nonce tions located in the | and low power television stations) donly on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). | G Primary Transmitters: Television |
| cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | ave entered "Ye he distant static tion on a part-tir sion of a distant t entered into or a primary transi simulcasts, also nree categories, e location of ea | es" in column on during the a me basis beca multicast stree or or before Jumitter or an aspect of the column of th | 4, you must cor accounting perion ause of lack of a sam that is not some 30, 2009, be association repreflyou carried the of the general if r U.S. stations, | mplete column 5, sod. Indicate by entactivated channel of subject to a royalty tween a cable system the primal channel on any of instructions locate list the community | stating the basis on which your tering "LAC" if your cable system | |
| Note: If you are utilizir | ng multiple char | inel line-ups, | use a separate | space G for each | channel line-up. | |
| | _ | CHANN | EL LINE-UP | AC (CONT'D) | <mark>)</mark> | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WFOX-SIMUL | 14 | I | No | | Jacksonville, FL | |
| WJXX-SIMUL | 10 | N | No | | Orange Park, FL | |
| WTLV-SIMUL | 13 | N | No | | Jacksonville, FL | |
| WCWJ-2-SIMUL | 20.2 | I-M | No | | Jacksonville, FL | |
| WPXC-2-SIMUL | 24.2 | I-M | No | | Jacksonville, FL | |
| WPXC-4-SIMUL | 24.4 | I-M | No | | Jacksonville, FL | |
| WPXC-6-SIMUL | 24.6 | I-M | No | | Jacksonville, FL | |
| WJXX-4-SIMUL | 10.4 | I-M | No | | Orange Park, FL | |
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FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

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Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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.
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Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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

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

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

| | | CHANN | EL LINE-UP | AD | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WGTV | 7 | E | Yes | 0 | Atlanta, GA |
| WGTV-2 | 7.2 | E-M | Yes | 0 | Atlanta, GA |
| WXIA | 10 | N | No | | Atlanta, GA |
| WSB | 32 | N | No | | Atlanta, GA |
| WSB-2 | 32.2 | I-M | No | | Atlanta, GA |
| WABE | 21 | E | Yes | 0 | Atlanta, GA |
| WUPA | 36 | I | No | | Atlanta, GA |
| WAGA | 27 | I | No | | Atlanta, GA |
| WANF | 19 | N | No | | Atlanta, GA |
| WANF-2 | 19.2 | I-M | No | | Atlanta, GA |
| WANF-3 | 19.3 | I-M | No | | Atlanta, GA |
| WATL | 25 | I | No | | Atlanta, GA |
| WSB-3 | 32.3 | I-M | No | | Atlanta, GA |
| WKTB-CD | 23.2 | I-M | No | | Norcross, GA |
| WAGA-5 | 7.5 | I-M | No | | Atlanta, GA |
| WPCH | 31 | I | No | | Atlanta, GA |
| | | | | | |
| WGTV-SIMUL | 7 | E | Yes | E | Atlanta, GA |

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Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | , | • | | |
|--|---|--------------|----------------|---------------------|--------------------------|------|--|--|
| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name | | |
| HARGRAY COM | MMUNICATION | ONS GROU | JP, INC. | | 37041 | | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | | |
| In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S 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 multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s | General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under ICC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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 ubstitute 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 asis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 ach multicast stream associated with a station according to its over-the-air designation. For example, report multi-ast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example | | | | | | | |
| explanation of these th | ree categories, | see page (v) | of the general | instructions locate | d in the paper SA3 form. | | | |
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| Note: If you are utilizing | | | | • | | | | |
| | | CHANN | EL LINE-UP | AD | | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | C. EGGATION OF GTATION | | | |
| | NUMBER | STATION | | (If Distant) | | | | |
| WXIA-SIMUL | 10 | N | No | | Atlanta, GA | | | |
| WSB-SIMUL | 32 | N | No | | Atlanta, GA | | | |
| WAGA-SIMUL | 27 | N | No | | Atlanta, GA | | | |
| WAGA-5-SIMUL | 27.5 | I-M | No | | Atlanta, GA | | | |
| WUPA-SIMUL | 36 | I | No | | Atlanta, GA | | | |
| WPCH-SIMUL | 31 | I | No | | Atlanta, GA | | | |
| WANF-SIMUL | 19 | N | No | | Atlanta, GA | | | |
| WATL-SIMUL | 25 | I | No | | Atlanta, GA | | | |
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|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| | | CHANN | EL LINE-UP | AE | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WSAV | 16 | N | No | | Savannah, GA |
| WSAV-2 | 16.2 | I-M | No | | Savannah, GA |
| WSAV-3 | 16.3 | I-M | No | | Savannah, GA |
| WJWJ-3 | 32.3 | E-M | Yes | 0 | Beaufort, SC |
| WJCL | 22 | N | No | | Savannah, GA |
| WJCL-2 | 22.2 | I-M | No | | Savannah, GA |
| MJMJ | 32 | E | Yes | 0 | Beaufort, SC |
| WJWJ-2 | 32.2 | E-M | Yes | 0 | Beaufort, SC |
| WTOC | 23 | N | No | | Savannah, GA |
| WTOC-2 | 23.2 | I-M | No | | Savannah, GA |
| WTOC-3 | 23.3 | I-M | No | | Savannah, GA |
| WTOC-4 | 23.4 | I-M | No | | Savannah, GA |
| WVAN | 8 | E | No | | Savannah, GA |
| WTGS | 26 | I | No | | Hardeeville, SC |
| WSCG | 35 | I | No | | Baxley, GA |
| WTGS-2 | 26.2 | I-M | No | | Hardeeville, SC |
| WTGS-3 | 26.3 | I-M | No | | Hardeeville, SC |
| WTGS-4 | 26.4 | I-M | No | | Hardeeville, SC |

ACCOUNTING PERIOD: 2023/2 FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AE (CONT'D) | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WJWJ-4 | 32.4 | E-M | Yes | 0 | Beaufort, SC |
| WSAV-4 | 16.4 | I-M | No | | Savannah, GA |
| WTOC-6 | 23.6 | I-M | No | | Savannah, GA |
| WSAV-SIMUL | 16 | N | No | | Savannah, SC |
| WJCL-SIMUL | 22 | N | No | | Savannah, SC |
| WTGS-SIMUL | 26 | ı | No | | Hardeeville, SC |
| WTOC-SIMUL | 23 | N | No | | Savannah, GA |
| WSCG-SIMUL | 35 | I | No | | Baxley, GA |
| WSAV-2-SIMUL | 16.2 | I-M | No | | Savannah, GA |
| WSAV-4-SIMUL | 16.4 | I-M | No | | Savannah, GA |
| WTOC-6-SIMUL | 23.6 | I-M | No | | Savannah, GA |
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ACCOUNTING PERIOD: 2023/2 FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AF | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WMAZ | 13 | N | No | | Macon, GA |
| WMAZ-2 | 13.2 | I-M | No | | Macon, GA |
| WMAZ-3 | 13.3 | I-M | No | | Macon, GA |
| WMGT | 30 | N | No | | Macon, GA |
| WMGT-2 | 30.2 | I-M | No | | Macon, GA |
| WGXA | 26 | I | No | | Macon, GA |
| WGXA-2 | 26.2 | N-M | No | | Macon, GA |
| WMGT-4 | 30.4 | I-M | No | | Macon, GA |
| WPGA | 23 | I | No | | Perry, GA |
| WPGA-2 | 23.2 | I-M | No | | Atlanta, GA |
| WMUM | 9 | E | No | | Cochran, GA |
| WMUM-2 | 9.2 | E-M | No | | Cochran, GA |
| WMUM-3 | 9.3 | E-M | No | | Cochran, GA |
| WPGA-6 | 23.6 | I-M | No | | Atlanta, GA |
| WMGT-5 | 30.5 | I-M | No | | Macon, GA |
| WGNM | 33 | I | No | | Macon, GA |
| WGXA-3 | 26.3 | I-M | No | | Macon, GA |
| WMUB-LD | 31 | I | No | | Warner Robins, GA |

| FORM SA3E. PAGE 3. | | | | | | |
|--|---|--|--|--|--|--|
| LEGAL NAME OF OWN | ER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| HARGRAY CON | MUNICATION | ONS GROU | JP, INC. | | 37041 | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | |
| In General: In space C carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried of the station was carried of the station here, as basis. For further into the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the sits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multice for the meaning of the Column 4: If the staplanation of local service Column 5: If you had cable system carried the distant stating For the retransmission of a written agreement the cable system and attion "E" (exempt). For sexplanation of these the Column 6: Give the substitute of the service column 6: Give the column 6: Give the carried the distant of these the Column 6: Give the carried the Give the column 6: Give the carried the carried the distant stating the system and attion "E" (exempt). For sexplanation of these the Column 6: Give the carried the carried the carried the carried the carried the distant stating the carried th | s, identify every ystem during the one in effect on .61(e)(2) and (2 .iis, as explained tations: With race in space only on a substand also in spationary and also in spationary as similar as a channel number. For example stem carried the in each case we entering the left ast), "E" (for no se terms, see pation is outside the distant station on on a part-timition of a distant entered into or a primary transmissimulcasts, also ree categories, e location of each candian station of each categories, e location of each candian station and the station and the station of each candian station and the station | r television starte accounting a June 24, 1984, or 76.63 (not of in the next prespect to any tions, or authors, or | period, except period, except period, except period, except permitting the eferring to 76.6° paragraph. distant stations orizations: it in space I (the station was carried ute basis station period or grading to its own period of the effect | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of the carriage of certain (e)(2) and (4))]; as carried by your context of the carried by your context of the carried by the carried of the carried column 1 (list each of the carried column 1 (list each of the carried column 1). This is station, an indefer network multicarred context of the carried column 1, enter "Yes in context of the column 1, enter "Yes in context of the column 1, enter the carried ent | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your cering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed. | Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | AF | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WPGA-3 | 23.3 | I-M | No | | Atlanta, GA | |
| WPGA-5 | 23.5 | I-M | No | | Atlanta, GA | |
| WGXA-SIMUL | 26 | I | No | | Macon, GA | |
| WGXA-2-SIMUL | 26.2 | N-M | No | | Macon, GA | |
| WMGT-SIMUL | 30 | N | No | | Macon,GA | |
| WPGA-6-SIMUL | 23.6 | I-M | No | | Perry, GA | |
| WMUM-SIMUL | 9 | Е | No | | Cochran, GA | |
| WMAZ-SIMUL | 13 | N | No | | Macon, GA | |
| WMAZ-2-SIMUL | 13.2 | I-M | No | | Macon, GA | |
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ACCOUNTING PERIOD: 2023/2 FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AG | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WABM | 20 | I | No | | Birmingham, AL |
| WIAT | 30 | N | No | | Birmingham, AL |
| WIAT-2 | 30.2 | I-M | No | | Birmingham, AL |
| WIAT-3 | 30.3 | I-M | No | | Birmingham, AL |
| WBRC | 29 | I | No | | Birmingham, AL |
| WBRC-2 | 29.2 | I-M | No | | Birmingham, AL |
| WTTO | 21 | I | No | | Birmingham, AL |
| WTTO-2 | 21.2 | I-M | No | | Birmingham, AL |
| WTTO-3 | 21.3 | I-M | No | | Birmingham, AL |
| WBIQ | 10 | E | No | | Birmingham, AL |
| WBIQ-2 | 10.2 | E-M | No | | Birmingham, AL |
| WBIQ-3 | 10.3 | E-M | No | | Birmingham, AL |
| WBMA-LD | 32 | N | No | | Birmingham, AL |
| WABM-3 | 20.3 | I-M | No | | Birmingham, AL |
| WPXH | 33 | I | No | | Birmingham, AL |
| WVTM | 13 | N | No | | Birmingham, AL |
| WVTM-2 | 13.2 | I-M | No | | Birmingham, AL |
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U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Gadsen, AL

ACCOUNTING PERIOD: 2023/2 FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AG (CONT'D) | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WTJP-2 | 26.2 | I-M | No | | Gadsen, AL |
| WTJP-5 | 26.5 | I-M | No | | Gadsen, AL |
| WGWW | 9 | ı | No | | Anniston, AL |
| WBIQ-4 | 10.4 | E-M | No | | Birmingham, AL |
| WTTO-4 | 21.4 | I-M | No | | Birmingham, AL |
| WBRC-3 | 29.3 | I-M | No | | Birmingham, AL |
| WPXH-2 | 33.2 | I-M | No | | Birmingham, AL |
| WBMA-LD-SIMUL | 32 | N | No | | Birmingham, AL |
| WIAT-SIMUL | 30 | N | No | | Birmingham, AL |
| WBRC-SIMUL | 29 | ı | No | | Birmingham, AL |
| WTTO-SIMUL | 21 | ı | No | | Birmingham, AL |
| WBIQ-SIMUL | 10 | E | No | | Birmingham, AL |
| WABM-SIMUL | 20 | ı | No | | Birmingham, AL |
| WVTM-SIMUL | 13 | N | No | | Birmingham, AL |
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| FORM SA3E. PAGE 3. | | | | | | | | |
|---|--|--|---|--|--|------|--|--|
| LEGAL NAME OF OW | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | | |
| HARGRAY CO | MMUNICATION | ONS GROU | JP, INC. | | 37041 | | | |
| 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 specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the Lefter "N" (for network), "N-M" (for network multicast), | | | | | | | | |
| For the retransmis of a written agreemer the cable system and tion "E" (exempt). For explanation of these t Column 6: Give the | sion of a distant at entered into or a primary transi simulcasts, also three categories, ne location of eac | multicast stree n or before Ju- mitter or an as o enter "E". If y see page (v) ch station. Fo | eam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, | subject to a royalty tween a cable systeming the primation channel on any of instructions located list the community | / payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further | | | |
| Note: If you are utilizi | | | | | | | | |
| | | CHANN | EL LINE-UP | AH | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
| WVAN | 8 | E | No | | Savannah, GA | | | |
| WSAV | 16 | N | No | | Savannah, GA | | | |
| WSAV-2 | 16.2 | I-M | No | | Savannah, GA | | | |
| WJCL | 22 | N | No | | Savannah, GA | | | |
| M1M1 | 32 | Е | No | | Beaufort, SC | | | |
| WTGS | 26 | l | No | | Hardeeville, SC | | | |
| WTOC | 23 | N | No | | Savannah, GA | | | |
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| FORM SA3E. PAGE 3. | | | | | OVOTEM ID# | | |
|--|--------------------------------|--------------------|-------------|---|---|------|--|
| HARGRAY CON | | | JP, INC. | | SYSTEM ID# 37041 | Name | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | |
| 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-lime 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as associated with a station according to its over-the-air designation. For example, were such as the station of broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network). "N-M" (for independent), "I-M" (for independent), " | | | | | | | |
| | | | | • | to which the station is licensed by the which the station is identifed. | | |
| Note: If you are utilizin | g multiple chan | • | • | | hannel line-up. | | |
| | ı | CHANN | EL LINE-UP | Al | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FORM SA3E. PAGE | = 3. OWNER OF CABLE SY | 'STEM· | | | SYSTEM ID: | # |
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| | COMMUNICATI | | JP. INC. | | 3704 | l Name |
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| reaction of local states of a written agreed the distant of local states of a written agreed the cable system ion "E" (exempt). | able system during the gulations in effect or a gulations in effect or a policy of the policy of the policy of the system during the gulation here in space the gulation of the gulation of the gulation of the gulation of the gulation is outside the gulation is outside the gulation of a distant gulation of a distant gulation of a | y television stand accounting a June 24, 1944), or 76.63 (r d in the next prespect to any attions, or auth G—but do list titute basis. In the standard substitute basis are ring substitutes in a station account account of the station. In the station account of the local service (v) of the local s | period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6° paragraph. I distant stations orizations: It it in space I (the 181 time was carried the 181 time was carried to 181 time was station to 181 time was assigned to 181 time was | (1) stations carried e carriage of certa (e)(2) and (4))]; at a carried by your cast of carried by of a program services of column 1 (list each column 1 (list each column 1). C. This rank station, an indeptor network multicator "E-M" (for noncolutions located in the distant"), enter "Ye insplete column 5, so do Indicate by enter channel or a cable systemating the primar channel on any off instructions located list the community | paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the | Primary Transmitters: Television |
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| | | • • | EL LINE-UP | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| | | JP, INC. | | | Name |
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| channel number For example em carried the each case with the each case with the each case with the each case part of the each case p | per the FCC h, WRC is Chae station. whether the stater "N" (for no oncommercial page (v) of the local servinge (v) of the ser in column and uning the ane basis becamulticast stream or before Jumitter or an aspect of the station. For the station, if any, given is the station of the station of the station. | as assigned to tannel 4 in Washi ation is a networetwork), "N-M" (for educational), or egeneral instructive area, (i.e. "digeneral instructive area, instructive area of lack of a earn that is not some 30, 2009, belosociation represegue carried the coord of the general in the coord | he television staticington, D.C. This rick station, an indepor network multicar "E-M" (for noncostions located in the instant"), enter "Ye on located in the nplete column 5, sid. Indicate by enticitivated channel cubject to a royalty tween a cable systemating the primar channel on any other thannel on any other thannel on any other thannel on categories the community with | on for broadcasting over-the-air in may be different from the channel opendent station, or a noncommercial sist), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an expaper SA3 form. tating the basis on which your tering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | |
| | CHANN | FL LINE-UP | AK | | + |
| . B'CAST CHANNEL NUMBER | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | 0)/07514 ID# | | | |
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| HARGRAY CON | | | JP, INC. | | SYSTEM ID# 37041 | Name | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | | |
| 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 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 | | | | | | | | |
| 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 staplanation of local service Column 5: If you had cable system carried the carried the distant statis. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the | and also in spa formation concerm. h station's call a associated with associated with a call associated with a call associated with a call associated the in each case we antering the left asst), "E" (for no asse terms, see pa ave entered "Ye and associated associated associated ion on a part-tin ion of a distant entered into or a primary transr simulcasts, also are categories, a location of each canadian station | ce I, if the sta erning substitutionsign. Do not re- a station acceptate and the estreams must over the FCC hase, WRC is Cha- estation. Whether the sta- tter "N" (for ne- concommercial page (v) of the the local serv- age (v) of the estation on during the a- multicast streen or basis becam- multicast streen or before Jun- mitter or an associated in the station of the see page (v) of station. For his see page (v) of station. For his, if any, give | tute basis station report origination cording to its over be reported in common as assigned to the annel 4 in Washi ation is a network etwork), "N-M" (full educational), or egeneral instruction of the general instruction of the general instruction of the general instruction of lack of a common of lack of a common of lack of a common of lack of the general instruction of the general instruction of the general instruction of the general instruction of the general instruction. | as, see page (v) of a program services er-the-air designaticolumn 1 (list each the television staticington, D.C. This nor network multicate "E-M" (for noncortions located in the listant"), enter "Yes ons located in the nplete column 5, sid. Indicate by entectivated channel couplect to a royalty tween a cable syst senting the primary channel on any other tructions located in the structions located in the nplete column 5, sid. Indicate by entectivated channel couplect to a royalty tween a cable syst senting the primary channel on any other tructions located ist the community with | s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject em or an association representing y transmitter, enter the designater basis, enter "O." For a further I in the paper SA3 form. to which the station is licensed by the which the station is identifed. | | | |
| | | CHANN | EL LINE-UP | AL | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E, PAGE 3. | | | | | | 1 |
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| LEGAL NAME OF OWN HARGRAY CON | | | IP INC | | SYSTEM ID# 37041 | Name |
| | | | 51 , INO. | | 0.041 | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S 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 multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you ha | G, identify every ystem during the ons in effect or .61(e)(2) and (e61(e)(2) and (e61(e)(2) and (e61(e)(2) and (e61(e)(2) and (e61(e)(2) and also in spatements of the concern. In station's call associated with -2". Simulcast e. channel numbers the carried the existem carried the least), "E" (for no see terms, see pation is outside ce area, see pation is | r television stree accounting a June 24, 199 4), or 76.63 (r) d in the next perspect to any tions, or auth G—but do list itute basis. In the street of the s | period, except of B1, permitting the permitting the permitting the permitting the permitting to 76.61 paragraph. If distant stations orizations: If it in space I (the permitting to its over the permitting the permittent permitting the permitting the permitting the permitting the permitting the permitting the permittent permitting the permittent permitted the permitted the permittent permitted the permittent permitted the perm | (1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(3); and carried by your case. Special Statement I both on a substitutions, see page (v) of a program services er-the-air designate column 1 (list each the television static ington, D.C. This rick station, an indeptor network multicator "E-M" (for nonconstitions located in the instant"), enter "Yeons located in the inplete column 5, s | s". If not, enter "No". For an ex- | G Primary Transmitters: Television |
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| , | | CHANN | EL LINE-UP | AM | · | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| LEGAL NAME OF OWNER OF CABLE SY | | | | | | | | | |
|--|--|---------------------------------------|-------------------------|-----------------|------|--|--|--|--|
| | STEM: | | | SYSTEM ID# | Name | | | | |
| HARGRAY COMMUNICATI | ONS GROU | JP, INC. | | 37041 | Nume | | | | |
| PRIMARY TRANSMITTERS: TELEVISIO | N | | | | | | | | |
| 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), 76.616(e)(2) and (4), 07.66.31(e)(2) and (4), 76.616(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Pasis 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network). "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational multica | | | | | | | | | |
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| Note. If you are utilizing multiple char | Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. | | | | | | | | |
| CHANNEL LINE-UP AN | | | | | | | | | |
| | • | • | | | | | | | |
| 1. CALL 2. B'CAST CHANNEL NUMBER | • | 4. DISTANT? (Yes or No) | | | | | | | |
| SIGN CHANNEL | CHANN 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | hannel line-up. | | | | | |
| SIGN CHANNEL | CHANN 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | hannel line-up. | | | | | |
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| FORM SA3E. PAGE 3. | | | | | CVCTEM ID# | |
|--|---|--|--|--|--|------------------------------------|
| HARGRAY CON | | | JP, INC. | | SYSTEM ID# 37041 | Name |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | |
| In General: In space G carried by your cable s' FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried of List the station here, a basis. For further inting in the paper SA3 for Column 1: List each 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 multice For the meaning of the Column 4: If the staplanation of local service Column 5: If you ha cable system carried the carried the distant statif For the retransmission of a written agreement the cable system and a tion "E" (exempt). For se | s, identify every system during the post in effect on .61(e)(2) and (2 is, as explained tations: With record on a substand also in spationary and also in spationary associated with .2". Simulcast sechannel numbers, For example stem carried the in each case we entering the left ast), "E" (for no see terms, see pation is outside the earea, see pation is outside the edistant station on a part-timon of a distant entered into or a primary transrimulcasts, also | television started accounting June 24, 198 J | period, except (31, permitting the eferring to 76.61 paragraph. distant stations orizations: tit in space I (the ation was carried ute basis station eport origination cording to its over be reported in compart of the effect of | (1) stations carried e carriage of certai (e)(2) and (4))]; ar carried by your carried by your carried by statement both on a substitute, so, see page (v) of a program services er-the-air designaticulumn 1 (list each the television staticulumn 1, C. This nor k station, an indepor network multicar "E-M" (for noncortions located in the instant"), enter "Yes on located in the nelete column 5, sid. Indicate by entectivated channel cubject to a royalty tween a cable system in the primary channel on any oth | s". If not, enter "No". For an expaper SA3 form. tating the basis on which your sering "LAC" if your cable system apacity. payment because it is the subject em or an association representing transmitter, enter the designater basis, enter "O." For a further | G Primary Transmitters: Television |
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| Note: If you are utilizing | g multiple chan | • | use a separate s | | hannel line-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | OVOTEM ID# | |
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| HARGRAY COM | | | JP. INC. | | SYSTEM ID# 37041 | Name |
| PRIMARY TRANSMITTE | | | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S 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 | ystem during the ons in effect or .61(e)(2) and (asis, as explained tations: With record rules, regulations and also in space formation concerm. | ne accounting I June 24, 198 I), or 76.63 (r d in the next p espect to any tions, or auth G—but do list itute basis. ce I, if the sta erning substit | period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: tit in space I (the ation was carried ute basis station eport origination | (1) stations carried e carriage of certal (e)(2) and (4))]; are carried by your case Special Stateme both on a substitute, see page (v) of a program services | and low power television stations) l only on a part-time basis under in network programs [sections and (2) certain stations carried on a lable system on a substitute program and Program Log)—if the late basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify on. For example, report multi- | G Primary Transmitters: Television |
| 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 staplanation of local servi | e channel number. For example stem carried the in each case ventering the least), "E" (for no se terms, see pation is outside ce area, see pa | per the FCC hear, WRC is Charle station. Whether the stater "N" (for near commercial page (v) of the the local servage (v) of the | as assigned to to annel 4 in Washi ation is a networ etwork), "N-M" (fi l educational), or e general instructivice area, (i.e. "d general instructi | he television static ington, D.C. This n k station, an indep or network multica r "E-M" (for noncor tions located in the istant"), enter "Yes ons located in the | s". If not, enter "No". For an ex- | |
| carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the | ion on a part-tir ion of a distant entered into or a primary transi simulcasts, also ree categories, a location of ear Canadian station | ne basis becamulticast stream or before Jumitter or an assection of the see page (v) ch station. Fons, if any, given nel line-ups, | ause of lack of act am that is not some 30, 2009, better sociation repressor act and the confidence of the general in the confidence of the general in the confidence of the general in the second second confidence of the s | ctivated channel cubject to a royalty tween a cable syst senting the primary channel on any other tructions located ist the community e community with space G for each communications of the community with space G for each community with the community with space G for each community with the community with space G for each community with the community wi | payment because it is the subject em or an association representing y transmitter, enter the designater basis, enter "O." For a further in the paper SA3 form. to which the station is licensed by the which the station is identifed. | |
| | 1 | CHANN | EL LINE-UP | AP | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E, PAGE 3. | | | | | | 1 |
|--|--|---|--|--|---|---|
| LEGAL NAME OF OWN HARGRAY CON | | | IP INC | | SYSTEM ID# 37041 | Name |
| | | | 51 , INO. | | 0.041 | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S 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 | G, identify every ystem during the ons in effect or .61(e)(2) and (6; is, as explaine itations: With r CC rules, regular here in space only on a substand also in spaformation concerm. h station's call associated with -2". Simulcast echannel numbers tem carried the in each case ventering the least), "E" (for no | r television stree accounting in June 24, 194, or 76.63 (r d in the next pespect to any tions, or auth G—but do listitute basis. In the street is generally substitute is sign. Do not rear a station accept a station accept the FCC has the station. The station whether the station whether the station. | period, except of all period, except of all, permitting the permitting the permitting to 76.61 permitting to 76.61 permitting to 76.61 permitting to 15 permitt | (1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(2) and (f)(2); and (f)(2) and (| and low power television stations) d only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- a stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial last), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. | G Primary Transmitters: Television |
| Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the | ation is outside ce area, see pa ave entered "Ye ne distant static ion on a part-tir ion of a distant entered into or a primary transisimulcasts, also ree categories, e location of ea canadian statio | the local servinge (v) of the es" in column on during the ameliast stream or before Jumitter or an amount enter "E". If see page (v) ch station. Fons, if any, given | vice area, (i.e. "c general instructi 4, you must con accounting perion ause of lack of a eam that is not sone 30, 2009, be- ssociation represous carried the co- tof the general in trus. Stations, lee the name of the | distant"), enter "Ye ons located in the nplete column 5, so d. Indicate by entectivated channel cubject to a royalty tween a cable systematic bannel on any other thannel on any other thannel on any other thannel on the community with | s". If not, enter "No". For an expaper SA3 form. Itating the basis on which your ering "LAC" if your cable system expacity. payment because it is the subject tem or an association representing y transmitter, enter the designation basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | |
| | | CHANN | EL LINE-UP | AQ | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | 1 |
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| HARGRAY CO | | | JP. INC. | | SYSTEM ID# 37041 | Name |
| PRIMARY TRANSMITT | | | , | | <u> </u> | |
| In General: In space carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba | G, identify every system during the ions in effect or 3.61(e)(2) and (one sis, as explaine | television stane accounting June 24, 198), or 76.63 (r d in the next p | period, except 31, permitting th eferring to 76.6° paragraph. | (1) stations carried e carriage of certa 1(e)(2) and (4))]; a | and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a | G Primary Transmitters: |
| Substitute Basis station station was carried • List the station here, basis. For further ir in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-simulcast). Column 2: Give the lits community of licenton which your cable stream as "Indicate educational station, by (for independent multicate multicate multicate multicate educational station, by (for independent multicate m | Stations: With recovery control of the control of t | respect to any tions, or authors, or a station acceptation and authors, whether the station, whether the station, whether the station, whether the station accept (v) of the commercial page (v) of the cest in column and basis became the basis became the station or before Jumitter or an association of the contraction of the station. For a see page (v) of station, Forns, if any, givens, if any, givens, and the station of the station, if any, givens, and the station of the station of the station. | r distant stations orizations: at it in space I (the ation was carried ute basis station report origination cording to its over be reported in or as assigned to the annel 4 in Wash ation is a network ation is a network of the general instruction of the general instruction of the general instruction of lack of a seam that is not some 30, 2009, be association representations of the general in the cordinal of the general of th | e Special Statemer If both on a substitute, see page (v) of a program services er-the-air designat column 1 (list each the television static ington, D.C. This r rk station, an inder for network multical r "E-M" (for noncontions located in the inglete column 5, s od. Indicate by ente ctivated channel couplets tween a cable syst senting the primar channel on any oth instructions located list the community with | s". If not, enter "No". For an expaper SA3 form. Itating the basis on which your ering "LAC" if your cable system expacity. payment because it is the subject tem or an association representing y transmitter, enter the designation basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | Television |
| Note: If you are utilizing | ng multiple char | | use a separate s | | channel line-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| | | | | | | |

| FORM SA3E. PAGE | 3. OWNER OF CABLE SY | OTEM. | | | TPVP | EM ID# | |
|---|---|--|---|---|---|--------|--|
| | COMMUNICATION OF CABLE ST | | JP. INC. | | | 37041 | Name |
| | | | | | | - | |
| carried by your cab FCC rules and regr 76.59(d)(2) and (4) substitute program Substitute Bas basis under specife Do not list the station was carr List the station he basis. For furthe in the paper SA Column 1: List each multicast stree cast stream as "Wi WETA-simulcast). Column 2: Give its community of lic on which your cabl Column 3: Indie educational station (for independent m For the meaning of Column 4: If th planation of local s Column 5: If yo cable system carried the distant For the retransr of a written agreem the cable system a tion "E" (exempt). I explanation of thes Column 6: Give FCC. For Mexican | ce G, identify every ple system during the ulations in effect or a partial plant of the control | r television stree accounting a June 24, 196 4), or 76.63 (r d in the next pespect to any tions, or auth G—but do list itute basis. In the streem of the station acceptance of the station acceptance of the station. It is station acceptance of the station. It is station acceptance of the station. It is station. It is station. It is station acceptance of the station. It is station. It is station acceptance of the station. It is station acceptance of the station. It is station acceptance of the station. It is see page (v) of the see page (v) of | period, except and period, except and period, except and permitting the permitting the permitting to 76.6° paragraph. If distant stations orizations: It it in space I (the permitting to its over the period of the permitting to its over the period of the period of the permitting period of the permitting period of the permitting period of the permitting to the permitting period of the permitting period of the permitting to the permitting period of the permitten | (1) stations carried e carriage of certa (e)(2) and (4))]; a carried by your cast of the carried by on a program services er-the-air designate column 1 (list each column 1 (list each che television static ington, D.C. This rark station, an independent of the carried or "E-M" (for nonconstions located in the instant"), enter "Ye insplete column 5, so do Indicate by enter indicated channel coubject to a royalty tween a cable system ing the primar channel on any other community with instructions located list the community with | s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | | Primary Transmitters: Television |
| Note: If you are uti | lizing multiple char | | · | • | channei line-up. | | |
| | | CHANN | EL LINE-UP | AS | 1 | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| LEGAL NAME OF OWNER OF CABLE SY | | | | | | | | |
|--|---------------|----------------------------|-------------------------|---|------|--|--|--|
| | STEM: | | | SYSTEM ID# | Name | | | |
| HARGRAY COMMUNICATI | ONS GROU | JP, INC. | | 37041 | Name | | | |
| PRIMARY TRANSMITTERS: TELEVISIO | N | | | | | | | |
| 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)). The program basis is under specific FCC rules, regulations, or authorizations: - Do not list the station bere in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational or "E-M" (for noncommercial educational), """ (for independent multicast), "E" (for noncommercial educational), ""-" ("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 loc | | | | | | | | |
| | | | • | which the station is identifed. | | | | |
| Note: If you are utilizing multiple chair | | | | | | | | |
| CHANNEL LINE-UP AT | | | | | | | | |
| | CHANN | • | | hannel line-up. | | | | |
| 1. CALL 2. B'CAST CHANNEL NUMBER | 3. TYPE | 4. DISTANT? (Yes or No) | | hannel line-up. 6. LOCATION OF STATION | | | | |
| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |
| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |
| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |
| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |
| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |
| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |
| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |
| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |
| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |
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| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |
| SIGN CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | , | | | | |

| FORM SA3E. PAGE 3. | | | | | | | |
|---|--|--|---|---|--|----------------------|--|
| LEGAL NAME OF OWN | | | | | SY | STEM ID# | Name |
| HARGRAY COM | MUNICATION | ONS GROU | JP, INC. | | | 37041 | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S 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 eace 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 st planation of local servi Column 5: If you had cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the | ystem during the ons in effect on .61(e)(2) and (4 sis, as explained itations: With records and also in space only on a substand also in space only on a substand also in space of spac | ne accounting June 24, 198 4), or 76.63 (r d in the next pespect to any tions, or auth G—but do list itute basis. ce I, if the sta erning substit sign. Do not r a a station acc streams must ter the FCC h by WRC is Cha e station. The the stater "N" (for ne concommercial bage (v) of the concommercial concommer | period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: It in space I (the station was carried ute basis station cording to its over be reported in compared to the station is a network ation is a network (1.e. "digeneral instructive area, (1.e. "digeneral instructive area, (1.e. "digeneral instructive, you must contact and the station is not some special period as assigned to the station is a network (1.e. "digeneral instructive, you must contact and the station is not some special period association repressively carried the contact and the stations, I was a stations, I was a stations, I was a stations of the general in true. | (1) stations carried e carriage of certal (e)(2) and (4))]; are carried by your case. Special Stateme I both on a substitute, see page (v) of a program services er-the-air designatic column 1 (list each the television static ington, D.C. This not k station, an indepor network multicate "E-M" (for noncorretions located in the listant"), enter "Yes only the properties of the column 5, single Indicate by entectivated channel or ubject to a royalty tween a cable systipennial on any other structions located instructions located instructions located ist the community | s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system | a ram fify n I crial | Primary Transmitters: Television |
| Note: If you are utilizing | g multiple chan | nel line-ups, | use a separate s | space G for each c | hannel line-up. | | |
| | 1 | CHANN | EL LINE-UP | AU | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FORM SA3E, PAGE 3. | | | | | OVOTEM ID# | T |
|---|--|--|--|---|--|------------------------------------|
| HARGRAY COM | | | JP, INC. | | SYSTEM ID# 37041 | Name |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | |
| In General: In space G carried by your cable sy FCC rules and regulatic 76.59(d)(2) and (4), 76. substitute program basi Substitute Basis St basis under specific FCt Do not list the station station was carried content to the station was carried content to the station here, a basis. For further infinite the paper SA3 for Column 1: List each each multicast stream as "WETA-Simulcast). Column 2: Give the its community of license on which your cable system content to the meaning of these Column 4: If the staplanation of local service Column 5: If you had cable system carried the distant station for the retransmission of a written agreement of the cable system and a tion "E" (exempt). For sexplanation of these thr | is, identify every yestem during the ons in effect on 61(e)(2) and (4 is, as explained tations: With r C rules, regula here in space only on a substand also in spatormation concern. In station's call associated with 2". Simulcast such annel numbers of the second of t | r television stree accounting a June 24, 194, or 76.63 (r d in the next pespect to any tions, or auth G—but do list itute basis. ce I, if the staterning substitute basis. The state of the station according to the station. The state of the station. The state of the station. The state of the station according (v) of the station according (v) of the local serving (v) of the local serving (v) of the station of t | period, except (31, permitting the eferring to 76.61 paragraph. of distant stations orizations: tit in space I (the ation was carried ute basis station cording to its over be reported in coas assigned to tannel 4 in Washi ation is a network etwork), "N-M" (for educational), or egeneral instructive area, (i.e. "digeneral instructive area, (i.e. "digeneral instructive area, (i.e. "digeneral instruction of lack of a exam that is not some 30, 2009, be essociation represeduction of the general instruction o | (1) stations carried e carriage of certa (e)(2) and (4))]; all carried by your carried by your carried by your carried by the seep and | s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further the paper SA3 form. | G Primary Transmitters: Television |
| | | | | • | to which the station is licensed by the which the station is identifed. | |
| Note: If you are utilizing | g multiple chan | • • | • | | channel line-up. | |
| | | CHANN | EL LINE-UP | AV | I | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |

| FORM SA3E, PAGE 3. | | | | | | 1 |
|--|---|--|--|---|---|--------------------------------|
| LEGAL NAME OF OW HARGRAY CO | | | JP. INC. | | SYSTEM ID# 37041 | Name |
| PRIMARY TRANSMITT | | | , | | <u> </u> | |
| In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba | G, identify every system during the tions in effect or 6.61(e)(2) and (sis, as explaine | y television stane accounting In June 24, 198 June 76.63 (r In the next p | period, except 31, permitting th eferring to 76.6° paragraph. | (1) stations carried e carriage of certa I (e)(2) and (4))]; a | and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a | G Primary Transmitters: |
| Substitute Basis basis under specifc F | Stations: With In CC rules, regular here in space only on a substant also in spanformation concorm. A-2". Simulcast a change of a change | respect to any trions, or authors, or a station account of a station account of a station account of a station. The station of the station, whether the station, whether the station, whether the station or during the account of the sear in column on during the account or before Jumitter or an account or before Jumitter or an account of the sear in or before Jumitter or an account of the sear in or station. For the station, see page (v) ch station, siff any, given and the station of the station of the station. For the station, if any, given account of the station of the stat | r distant stations orizations: at it in space I (the ation was carried ute basis station report origination cording to its over be reported in or as assigned to the annel 4 in Wash ation is a network ation is a network of the distance of instruction of the general in the general | e Special Statemer I both on a substitute, see page (v) of a program services er-the-air designat column 1 (list each the television static ington, D.C. This r rk station, an indep for network multical r "E-M" (for noncolutions located in the instant"), enter "Ye ons located in the instant"), enter "Ye ons located in the instant by ente ctivated channel c ubject to a royalty tween a cable syst senting the primar channel on any oth instructions located list the community instructions located list the community with | s". If not, enter "No". For an expaper SA3 form. Itating the basis on which your ering "LAC" if your cable system expacity. payment because it is the subject tem or an association representing y transmitter, enter the designation basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | Television |
| Note: If you are utilizi | ng multiple char | • | • | | channel line-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | CHANN 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 4.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

HARGRAY COMMUNICATIONS GROUP, INC.

SYSTEM ID#
37041

Н

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Primary Transmitters: Radio Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 |
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| FORM SA3E. PAGE 5. | | | | | | ACCOUNTING | PERIOD: 2023/2 |
|--|--|--|--|--|--|------------------|-----------------------------------|
| LEGAL NAME OF OWNER OF O | | | | | \$ | 37041 | Name |
| SUBSTITUTE CARRIAGE | : SPECIA | L STATEMEN | IT AND PROGRAM LOG | i | | | |
| In General: In space I, identifications in substitute basis during the ac explanation of the programmi | counting per | riod, under spe | cific present and former FC | C rules, regula | itions, or authorizations. F | or a further | Substitute |
| 1. SPECIAL STATEMENT | CONCER | NING SUBST | ITUTE CARRIAGE | | | | Carriage: |
| During the accounting peri broadcast by a distant stat | od, did you | | | s, any nonnet | | ⊠No | Special Statement and Program Log |
| Note: If your answer is "No" log in block 2. | , leave the ı | rest of this pag | e blank. If your answer is ' | Yes," you mu | ıst complete the progran | n | |
| period, was broadcast by a under certain FCC rules, reg SA3 form for futher informat titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broathe case of Mexican or Canc Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a gram was substituted for program of the state of the state of the state of the state of the lette to delete under FCC rules a gram was substituted for program of the state of the stat | itute prograice, please a of every nor distant statiogulations, or iton. Do not ucy" or "NB or was broad sign of the side adian station the and day we "5/7." see when the Example: a er "R" if the land regulation of the side and the side an | m on a separa attach additional network televion and that your authorizations to use general cast live, enter tation broadcan's location (thins, if any, the cowhen your syst substitute program carried listed program ons in effect du | al pages. sion program (substitute pur cable system substitute s. See page (vi) of the gen ategories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "N sting the substitute prograe community to which the community with which the sem carried the substitute program was carried by your orded by a system from 6:01: was substituted for prograring the accounting period | rogram) that, at for the progeral instruction "basketball". o." m. station is licentation is identation is identation is identation. Use table system. 5 p.m. to 6:2 mming that yes enter the let | during the accounting ramming of another state on slocated in the paper List specific program need by the FCC or, in tiffied). numerals, with the mon List the times accurately 8:30 p.m. should be our system was required ter "P" if the listed pro | ion th | |
| effect on October 19, 1976. | | | | П | | T | |
| S | UBSTITUT | E PROGRAM | 1 | | EN SUBSTITUTE HAGE OCCURRED | 7. REASON FOR | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | DELETION | |
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ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 37041 HARGRAY COMMUNICATIONS GROUP, INC. PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give · State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE TO DATE **FROM** TO **FROM**

| | SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM: | YSTEM ID# | Nama |
|---------------------------------------|--|-----------|--|
| НА | RGRAY COMMUNICATIONS GROUP, INC. | 37041 | Name |
| all a (as page | CORTANT: You must complete a statement in space P concerning gross receipts. Cructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total or incounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see every every every every explanation of how to compute this amount, see every every every every every explanation of how to compute this amount, see every | e | K Gross Receipts |
| Instru Con Con If you fee If you acco | RIGHT ROYALTY FEE Ictions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. Input system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. Input system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule companying this form and attach the schedule to your statement of account. Interview of the DSE schedule was completed, the base rate fee should be entered on line 1 of the Selow. | | L Copyright Royalty Fee |
| 3 be | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block elow. | | |
| | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below. | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K \$ \$ \text{ | | |
| | Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. | | |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4. | | |
| Block 3 | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | | |
| 3 | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | 0.00 | |
| | Line 3. Add lines 1 and 2 and enter here \$ | - | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger | | Cable systems |
| | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. | 0.00 | submitting additional deposits under |
| | Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | 0.00 | Section 111(d)(7) should contact the Licensing |
| | Line 4. FILING FEE \$ | 725.00 | additional fees. Division for the |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | 725.00 | appropriate form for submitting the |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.) | | additional fees. |

ACCOUNTING PERIOD: 2023/2
FORM SA3E_PAGE 8

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. | SYSTEM ID# 37041 |
|------------------------------------|---|-----------------------|
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state 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 | ations 165 |
| | Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | 496 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) | |
| for Further Information | Name JENAE HECK Telephone 6 Address 210 E. EARLL DRIVE | 02-364-6092 |
| | (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012 (City, town, state, zip) | |
| | Email JENAE.HECK@CABLEONE.BIZ Fax (optional) 602-364-6 | 013 |
| 0 | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulat | ions.) |
| 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 identified in line 1 of space B; | or |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or | stem as identified |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owne in line 1 of space B. | r of the cable system |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] | herein |
| | X /s/Quynh Tran | |
| | 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatile. | |
| | Typed or printed name: Quynh Tran | |
| | Title: Vice President & Treasurer (Title of official position held in corporation or partnership) | |
| | Date: August 22, 2024 | |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|---|-----------------------|-------------------------------------|
| HARGRAY COMMUNICATIONS GROUP, INC. | 37041 | 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section | e basic clude sub- | P Special Statement |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA3 form. | s in the | Concerning Gross Receipts Exclusion |
| During the accounting period did the cable system exclude any amounts of gross receipts for secondary trans made by satellite carriers to satellite dish owners? | missions | |
| X NO | | |
| YES. Enter the total here and list the satellite carrier(s) below | | |
| Name Name | | |
| Mailing Address Mailing Address | | |
| | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | rpayment. | Q |
| Line 1 Enter the amount of late payment or underpayment | | Interest Assessment |
| x | | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | <u>-</u> | |
| x | days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | | |
| | 00274 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | _ | |
| | st charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | nce please | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offic please list below the owner, address, first community served, accounting period, and ID number as given in the 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2023/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

 1.064% of gross receipts
 Each of the second, third, and fourth DSEs
 0.701% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

0.330% of gross receipts

· If any of the stations were partially distant:

The fifth and each additional DSE

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

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

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

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

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

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

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

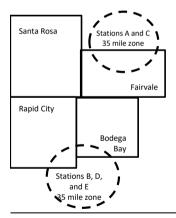
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



| Distant Stations 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

| | | ψ0,0000 | | | |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| First Subscriber Group | | Second Subscriber Group | | Third Subscriber Group | |
| (Santa Rosa) | | (Rapid City and Bodega Bay) | | (Fairvale) | |
| Gross receipts | \$310,000.00 | Gross receipts | \$170,000.00 | Gross receipts | \$120,000.00 |
| DSEs | 2.472 | DSEs | 1.083 | DSEs | 1.389 |
| Base rate fee | \$6,497.20 | Base rate fee | \$1,907.71 | Base rate fee | \$1,604.03 |
| \$310,000 x .01064 x 1.0 = | 3,298.40 | \$170,000 x .01064 x 1.0 = | 1,808.80 | \$120,000 x .01064 x 1.0 = | 1,276.80 |
| \$310,000 x .00701 x 1.472 = | 3,198.80 | \$170,000 x .00701 x .083 = | 98.91 | \$120,000 x .00701 x .389 = | 327.23 |
| Base rate fee | \$6,497.20 | Base rate fee | \$1,907.71 | Base rate fee | \$1,604.03 |

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

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

ACCOUNTING PERIOD: 2023/2

| DSE SCHEDULE. PAGE | 11. (CONTINUED) | | | | | | | | | | |
|----------------------|--|---------------|----------------------|----------|-----------|---|--|--|--|--|--|
| 1 | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEI SYSTEI | | | | | | | | | | |
| 1 | HARGRAY COMMUNICA | TIONS GRO | UP, INC. | | | 37041 | | | | | |
| | SUM OF DSEs OF CATEGOR | Y "O" STATION | IS: | | | | | | | | |
| | Add the DSEs of each station. | | | | | | | | | | |
| | Enter the sum here and in line 1 | | 1.75 | | | | | | | | |
| 2 | Instructions: | | | | | | | | | | |
| <u> </u> | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 | | | | | | | | | | |
| Computation | of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- | | | | | | | | | | |
| | mercial educational station, give the DSE as ".25." | | | | | | | | | | |
| Category "O" | | | CATEGORY "O" STATION | S: DSEs | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | |
| | MJMJ | 0.250 | | | | | | | | | |
| | WJWJ-2 | 0.250 | | | | | | | | | |
| | WJWJ-3 | 0.250 | | | | | | | | | |
| | WJWJ-4 | 0.250 | | | | | | | | | |
| | WABE | 0.250 | | | | | | | | | |
| Add rows as | WGTV | | | | | | | | | | |
| necessary. | , | 0.250 | | | | | | | | | |
| Remember to copy all | WGTV-2 | 0.250 | | | | | | | | | |
| formula into new | | | | | | | | | | | |
| rows. | | | | | | | | | | | |
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| Name | | HARGRAY COMMUNICATIONS GROUP, INC. SYSTEM ID: 3704 | | | | | | | | |
|---|--|---|---|---|---|---|------------------------------------|--------|--|--|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | figure should of Column 3 Column 4 be carried out Column 5 give the type- Column 6 | on during the accounting p ch station. r the air during the accour ecimals in column 4. This | nting period. figure must tional station, ss than the | | | | | | | |
| Capacity | | (| CATEGORY | / LAC STATIONS: | COMPLITAT | ION OF DSEs | | | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEM | R JRS ED BY | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS OI CARRIAC VALUE | 5. TYPE | | E | | |
| | | | ÷ | | = | <u>x</u> | = | | | |
| | | | ÷ | | = | x x | = | | | |
| | | | | | | x | | | | |
| | | | ÷ | | = | x | = | | | |
| | | | | | | x x | | | | |
| | | | ÷ | | = | x | = | | | |
| | Add the DSEs | S OF CATEGORY LAC ST of each station. Im here and in line 2 of pa | | edule, | | 0.00 | | | | |
| Computation of DSEs for Substitute-Basis Stations | Was carried tions in efferations in efferations in efferations and the space I). Column 2: at your option. Column 3: Column 4: | re the call sign of each start by your system in substited on October 19, 1976 (above or more live, nonnetwork of the live of live of the | tution for a pro- as shown by the rk programs dunumber of live, pond with the in in the calenda in 2 by the figur For more inform | gram that your system e letter "P" in column 7 iring that optional carria nonnetwork programs information in space I. Ir year: 365, except in a e in column 3, and give mation on rounding, see | was permitted to of space I); and age (as shown by the carried in substitute leap year. The the result in column page (viii) of the page (viii) of the column permitted to the page (viii) of the column page (viii) of the column page (viii) and the column page (viii) of the column page (viii) and the column page (viii) of the column page (viii) and the column page (viii) | delete under FCC rules and the word "Yes" in column 2 oution for programs that we would be a Round to no less the general instructions in the | of ere deleted han the third | | | |
| | _ | | | -BASIS STATION | | | T | | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBI OF DAY IN YEAI | /S | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | | |
| | | | | = | | | | = | | |
| | | - | | = | | 4 | + | = | | |
| | | - | | | | - | | = | | |
| | | - | | = | | - | | = | | |
| | Add the DSEs | oF SUBSTITUTE-BASIS of each station. Im here and in line 3 of pa | | edule, | | 0.00 | | | | |
| 5 | | ER OF DSEs: Give the am s applicable to your system | | boxes in parts 2, 3, and | 4 of this schedule | e and add them to provide | the total | | | |
| Total Number | 1. Number | of DSEs from part 2 ● | | | | - | 1.75 | | | |
| of DSEs | 2. Number | of DSEs from part 3 ● | | | | - | 0.00 | | | |
| | 3. Number | of DSEs from part 4 ● | | | | - | 0.00 | | | |
| | TOTAL NUMBE | ER OF DSEs | | | | | | 1.75 | | |

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

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023/2

| | OWNER OF CABLES | | P, INC. | | | | S | YSTEM ID# 37041 | Name |
|---|--|--|--|---|---|--|--|--------------------|--|
| In block A: • If your answer if schedule. | | mainder of pa | | of the DSE schedu | ıle blank and c | omplete part | 8, (page 16) of the | | 6 |
| • If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS | | | | | | | | Computation of | |
| effect on June 24, | 1981? | schedule—D | najor and small | er markets as define | ed under secti | | C rules and regula | tions in | 3.75 Fee |
| | | | | RIAGE OF PERM | AITTED DSI | | | | |
| Column 1: CALL SIGN | FCC rules and re | of distant sta egulations prione DSE Scheo | ations listed in por to June 25, 1 | part 2, 3, and 4 of th 1981. For further exp se letter M below refe | nis schedule the | nat your syster ermitted statio | ns, see the | , | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre | ules and reguled pursuant to on as defined all educationa distation (76.6 or DSE sched ant to individuviously carrie JHF station w | lations cited be o the FCC mar in 76.5(kk) (76 al station [76.59 65) (see paragrule). Lal waiver of FC ed on a part-tim rithin grade-B c | e or substitute basis contour, [76.59(d)(5) | e in effect on J 57, 76.59(b), 7 (1), 76.63(a) r (3) referring to stitution of gran | une 24, 1981. 76.61(b)(c), 76 eferring to 76. o 76.61(d)] adfathered sta | 5.63(a) referring to 61(e)(1) tions in the | | |
| Column 3: | *(Note: For those this schedule to o | e stations idea | ntified by the le | parts 2, 3, and 4 of etter "F" in column 2 | | mplete the wo | | T | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
| MJMJ | С | 0.25 | WABE | С | 0.25 | | | | |
| WJWJ-2 | M | 0.25 | | | | | | | |
| WJWJ-3 | M | 0.25 | | | | | | | |
| WJWJ-4 | M | 0.25 | | | | | | <u> </u> | |
| WGTV | C | 0.25 | | | | | | | |
| WGTV-2 | M | 0.25 | <u> </u> | | | | | ļ | |
| | | | | | | | | 1.75 | |
| | | | 3LOCK C: CC | OMPUTATION OF | 3.75 FEE | | | | |
| Line 1: Enter the | e total number of | DSEs from | part 5 of this | schedule | | | | 1.75 | |
| Line 2: Enter the | sum of permitte | d DSEs fron | n block B abo | ve | | | | 1.75 | |
| | | | | of DSEs subject to 7 of this schedule | | ate. | | 0.00 | |
| Line 4: Enter gro | oss receipts from | space K (pa | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially |
| Line 5: Multiply I | ine 4 by 0.0375 a | and enter su | ım here | | | | x | | permited/ partially nonpermitted |
| Line 6: Enter tota | al number of DSI | ≣s from line | 3 | | | | | | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply I | ine 6 by line 5 ar | nd enter here | e and on line | 2, block 3, space | L (page 7) | | | 0.00 | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. 37041 | | | | | | | | Name | |
|---|-----------------------|----------|-----------------|--------------------|--------|-----------------|--------------------|--------|------------------------|
| BLOCK A: TELEVISION MARKETS (CONTINUED) | | | | | | | | | c |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | | | | | | | | | Computation o 3.75 Fee |
| | | | | | | | | | 001.00 |
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) 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 Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. the DSE Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for 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 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage 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 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE **PERIOD CARRIAGE** DSE 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 Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C. No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No-Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs **TOTAL DSEs**

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. | 37041 | Name |
|---------------|---|-------|---------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | 0.00 | Computation of the |
| | B. Enter the total number of exempt DSEs from block C of part 7 | 0.00 | Syndicated Exclusivity |
| | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8. | 0.00 | Surcharge |
| • Is any | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below. | | |
| | SECTION 3: TOP 50 TELEVISION MARKET | | |
| Section 3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. | | |
| | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | E | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) | | |
| | Syndicated Exclusivity Surcharge | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | | |
| | C. Multiply line B by 3.000 and enter here | | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) | | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here | | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | | |
| | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? | | |
| Section 4a | X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. | | |
| | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | E | |
| | 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: HARGRAY COMMUNICATIONS GROUP, INC. | 37041 |
|---|--|---|-----------|
| | - | TAXONAT COMMUNICATIONS GROUP, INC. | 31041 |
| 7 | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. | |
| Computation of the | | A. Enter 0.00300 of gross receipts (the amount in section 1) | |
| Syndicated Exclusivity | | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | |
| Surcharge | | C. Multiply line B by 3.000 and enter here | |
| | | D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$ | |
| | | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. | |
| | | F. Multiply line D by line E and enter here | |
| | | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) | |
| | | Syndicated Exclusivity Surcharge | <u></u> . |
| 8 Computation of Base Rate Fee | 6 was control of the second of | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. It answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. It answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below | |
| | | DI COMA CARRIAGE OF RARTIALLY PROTANT STATIONS | |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | |
| | _ | our cable system retransmit the signals of any partially distant television stations during the accounting period? | |
| | L | X Yes—Complete part 9 of this schedule. No—Complete the following sections. | |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | |
| | Section 1 | Enter the amount of gross receipts from space K (page 7) ▶ _\$ | |
| | Section 2 | Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) | |
| | Section 3 | If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. | |
| | | A. Enter 0.01064 of gross receipts (the amount in section 1) | |
| | | B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ | |
| | | C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here | |
| | | D. Multiply line B by line C and enter here | |
| | | E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) | |
| | | Base Rate Fee | 0.00 |

| Dee ecu | EDULE. PAGE 17. | ACCOUNTING | 6 PERIOD: 2023/2 |
|-------------------|--|----------------|--|
| | AME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | 3 PERIOD: 2023/2 |
| | GRAY COMMUNICATIONS GROUP, INC. | 37041 | Name |
| Section | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | | |
| 4 | A. Enter 0.01064 of gross receipts | | 8 |
| | (the amount in section 1) \$ | | |
| | B. Enter 0.00701 of gross receipts | | Computation |
| | (the amount in section 1) \rightarrow \$ | | of |
| | C. Multiply line B by 3.000 and enter here | | Base Rate Fee |
| | D. Enter 0.00330 of gross receipts | | |
| | (the amount in section 1) \$ | | |
| | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶ | | |
| | F. Multiply line D by line E and enter here \$ | | |
| | G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ | 0.00 | |
| instead Space | | el line-ups in | 9 |
| receipts | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fees from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must: | • | Computation of Base Rate Fee |
| station DSEs a | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for c. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | the number of | and Syndicated Exclusivity Surcharge for |
| also co | If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only. | | Partially Distant Stations, and |
| Step 1 | Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant state to that community. | ion you | for Partially Permitted Stations |

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by 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 distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

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 distant to all of the subscribers in the group.
- If
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or.
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- $\bullet \ \, \text{Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. } \\$
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 37041 HARGRAY COMMUNICATIONS GROUP, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| HARGRAY COMM | | | D . | | | S | YSTEM ID# 37041 | Name |
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| E | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EACH | I SUBSCRIE | BER GROUP | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROL | IP | • |
| COMMUNITY/ AREA | BLUFF | ΓΟΝ, PERRY, KII | NGSLANI | COMMUNITY/ AREA | STATES | BORO, GA, BULL | OCH COU | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | MJMJ | 0.25 | | | Base Rate Fee |
| | | | | WJWJ-2 | 0.25 | | | and |
| | | | | WJWJ-3 | 0.25 | | | Syndicated |
| | | | | WJWJ-4 | 0.25 | | | Exclusivity |
| | | | | | | | | Surcharge |
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| Total DSEs | | | 0.00 | Total DSEs | | | 1.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| Dusc Rute I de l'ilist oi | • | SUBSCRIBER GRO | | Bust Nate 1 cc 30001 | • | SUBSCRIBER GROU | | |
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| COMMUNITY/ AREA | EATON | TON,GA (AD LIN | IEUP) | COMMUNITY/ AREA | KEIDƏVI | LLE, GA (AE LINI | EUP) | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| WABE | 0.25 | | | MJMJ | 0.25 | | | |
| | | | | WJWJ-2 | 0.25 | | | |
| | | | | WJWJ-3 | 0.25 | | | |
| | | | | WJWJ-4 | 0.25 | | | |
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| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Dana Bets Es. Till 10 | | | 0.00 | Base Bate E. S. " | | | 0.00 | |
| Base Rate Fee Third G | oroup | \$ | 0.00 | Base Rate Fee Fourth | ı Group | \$ | 0.00 | |
| Base Rate Fee: Add th | a haen roto | foos for each subse | riher group o | e shown in the hoves sh | OVA | | | |
| Enter here and in block | | | iboi gioup a | S SHOWN III WIE DONES AD | OVC. | \$ | 0.00 | |

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| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First G | oup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| | SEVENTH | SUBSCRIBER GRO | DUP | | EIGHTH | SUBSCRIBER GROU | JP | |
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| | | CALL SIGN | 0.00 | Total DSEs | | | 0.00 | |
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| Fotal DSEs Gross Receipts Third G | Group | CALL SIGN | 0.00 | Total DSEs Gross Receipts Foul | th Group | | 0.00 | |
| | Group | \$ | 0.00 | Total DSEs | th Group | | 0.00 | |

| LEGAL NAME OF OWN HARGRAY COMI | | \$ | 37041 | Name | | | | |
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| | BLOCK A: | COMPUTATION (| OF BASE RA | TE FEES FOR EAC | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | ELEVENTH | SUBSCRIBER GRO | OUP | | TWELVTH | SUBSCRIBER GRO | JP | |
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| Total DSEs | ! | | 0.00 | Total DSEs | <u>!</u> | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | the base rate | e fees for each subs pace L (page 7) | criber group a | s shown in the boxes | above. | \$ | | |

| | A: COMPUTATION C | OF BASE RA | F | | | 37041 | | | | | | | |
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| THIRTEEN' COMMUNITY/ AREA | | DUP | F | | | ID | | | | | | | |
| COMMUNITY/ AREA | III SUBSCRIBER GRO | | ii e | CONTECNIH | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP | | | | | | | | |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | | | | | | | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | | | | | |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | | | | | |
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| | | 0.00 | Total DSEs | | | 0.00 | | | | | | | |
| Total DSEs | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | | | | | |
| | <u>*</u> | | | | · | | | | | | | | |
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| Total DSEs Gross Receipts Third Group Base Rate Fee Third Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | | | | | |

| | BLE SYSTEM: | • | | | , | SYSTEM ID# | Name | | | |
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| HARGRAY COMMUNICA | ARGRAY COMMUNICATIONS GROUP, INC. 37041 | | | | | | | | | |
| | A: COMPUTATION C | | | | IBER GROUP I SUBSCRIBER GROU | | | | | |
| | 'H SUBSCRIBER GRO | | ii . | | 9 | | | | | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ AREA | 0 | Computation | | | | | |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | | |
| | | | | | | | Base Rate F | | | |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | | | | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | | | | |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | | | | |
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| NINTEEN | | - | | TWENTIETH | | | | | | |
| NINTEEN | | DUP | | TWENTIETH | | JP | | | | |
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| NINTEENT | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP 0 | | | | |
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| NINTEENT COMMUNITY/ AREA CALL SIGN DSE | TH SUBSCRIBER GRO | DUP 0 | COMMUNITY/ AREA | TWENTIETH | SUBSCRIBER GROU | JP O DSE | | | | |
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| | | SUBSCRIBER GRO | | TWEN | JP 0 | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Computation | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | and Group | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in blo | | | criber group a | as shown in the boxes | above. | \$ | | |
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| 9 Computation | 0 | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
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| | 0.00 | \$ | l Group | Base Rate Fee Second | 0.00 | \$ | Group | Base Rate Fee First G |
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| GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | | | | |
|--|--|---------------------|---|--------------------------------|----------------------------|----------------|--------------------------|--|--|--|
| | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | | | |
| | A: COMPUTATION (TH SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP SUBSCRIBER GROU | IP | | | | |
| COMMUNITY/ AREA | TH SOBSCRIBER GIVE | 0 | COMMUNITY/ AREA | 0 | 9 Computation | | | | | |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of | | | |
| | | | | | | | Base Rate F | | | |
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| otal DSEs | | 0.00 | Total DSEs | | | 0.00 | | | | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | | | | |
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| Base Rate Fee First Group | ¢ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | | | | |
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| • | ST SUBSCRIBER GRO | - | | | | | | | | |
| • | <u>'</u> | - | | TY-SECOND | | | | | | |
| THIRTY-FIR | ST SUBSCRIBER GRO | DUP | THIR | TY-SECOND | | JP | | | | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | | | | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | | | | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | | | | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | | | | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | | | | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | | | | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | | | | |
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| THIRTY-FIR COMMUNITY/ AREA CALL SIGN DSE | ST SUBSCRIBER GRO | DUP 0 | THIR COMMUNITY/ AREA CALL SIGN | TY-SECOND DSE | SUBSCRIBER GROU | DSE | | | | |

| LEGAL NAME OF OWI | | | ^ | | | (| SYSTEM ID# | Name |
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| HARGRAY COM | MUNICALI | ONS GROUP, IN | C. | | | | 37041 | |
| | | | | ATE FEES FOR EAC | | BER GROUP SUBSCRIBER GROU | | |
| | | SUBSCRIBER GRO | OUP 0 | ii e | UP 0 | 9 | | |
| COMMUNITY/ AREA | | | | COMMUNITY/ ARE | Computation | | | |
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| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | UDTV FIFTU | CLIDSCOUDED CDG | NID. | T | LUDTY CIVILI | CLIDCODIDED CDOL | ID. | |
| | | SUBSCRIBER GRO | <u>0</u> | 11 | | SUBSCRIBER GROU | 0 | |
| COMMUNITY/ AREA | | | <u>U</u> | COMMUNITY/ ARE | Α | | U | |
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| Gross Receipts Third | I Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| | | | criber group a | as shown in the boxes | above. | | | |
| Enter here and in blo | ск 3, line 1, s | pace L (page 7) | | | | \$ | | |

| | GAL NAME OF OWNER OF CABLE SYSTEM: ARGRAY COMMUNICATIONS GROUP, INC. 37041 | | | | | | | | |
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| | | SUBSCRIBER GRO | | TH | | 9 | | | |
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| | | | | | | | | Base Rate Fee | |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee First | | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add | | | criber group a | s shown in the boxes | above. | | | | |
| Enter here and in blo | CK 3, IINE 1, S | pace L (page /) | | | | \$ | | | |

| | BLE SYSTEM: | _ | | | • | SYSTEM ID# | Name |
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| HARGRAY COMMUNICA | HONS GROUP, IN | | | | | 37041 | Hame |
| | | | ATE FEES FOR EAC | | | | |
| | ST SUBSCRIBER GRO | | ll . | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Gross Receipts First Group | \$ | 0.00 | Gloss Receipts Secon | | | | |
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| Base Rate Fee First Group FORTY-THIF | \$ | 0.00 | Base Rate Fee Secon | TY-FOURTH | | | |
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| Base Rate Fee First Group FORTY-THIF | \$ | 0.00 DUP | Base Rate Fee Secon | TY-FOURTH | | JP | |
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| Base Rate Fee First Group FORTY-THIF COMMUNITY/ AREA | \$ SUBSCRIBER GRO | 0.00 DUP | Base Rate Fee Secon FOR' COMMUNITY/ AREA | TY-FOURTH | SUBSCRIBER GROU | JP 0 | |
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| HARGRAY COM | | | C. | | | S | 37041 | Name |
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| Total DSEs | | | 0.00 | Total DSEs | · | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First | • | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | |
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| Gross Receipts Third | I Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add | the base rate | e fees for each subs | criber group a | s shown in the boxes | above. | | | |
| Enter here and in blo | | | 3 1 | | | \$ | | |

| | ABLE SYSTEM: | | | | \$ | SYSTEM ID# | Name |
|---------------------------------------|------------------|--------------|-------------------------------|-----------|-------------------|-------------|-------------------------|
| HARGRAY COMMUNICA | TIONS GROUP, II | NC. | | | | 37041 | |
| | A: COMPUTATION | | ATE FEES FOR EAC | | | ID. | |
| FORTY-NIN COMMUNITY/ AREA | TH SUBSCRIBER GR | OUP 0 | COMMUNITY/ ARE | | I SUBSCRIBER GROU | JP 0 | 9 |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FIFTY-FIR | ST SUBSCRIBER GR | OUP | FII | TY-SECOND | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| | A: COMPUTATION (| | ATE FEES FOR FAC | | | 37041 | |
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| 07.22 0.011 | 07.22 0.0.1 | 332 | 37.122 37311 | 332 | 0,122 0.0.1 | 332 | Base Rate F |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FIFTY-FIF | TH SUBSCRIBER GRO | OUP | | FIFTY-SIXTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | 4 | | 0 | |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| , | | | | | | | |
| | | 0.00 | Base Rate Fee Fou | th Group | \$ | 0.00 | |

| HARGRAY COMMINICA | BLE SYSTEM: | _ | | | \$ | SYSTEM ID# | Name |
|------------------------------|-------------------|----------|-----------------------|---------------|-----------------|----------------|---------------------------|
| ——— | TIONS GROUP, IN | Մ. | | | | 37041 | |
| | A: COMPUTATION (| | III | | | | |
| FIFTY-SEVEN' COMMUNITY/ AREA | TH SUBSCRIBER GRO | OUP 0 | COMMUNITY/ ARE | | SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY/ AREA | | U | COMMUNITY ARE | | | | Computation |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FIFTY-NIN | TH SUBSCRIBER GRO | NID. | İ | | | | |
| | TH COBCONDEN CINC | JUP | H | SIXTIETH | SUBSCRIBER GROU | JP | |
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| CALL SIGN DSE | | 0 | | Α | | 0 | |
| CALL SIGN DSE | | DSE | CALL SIGN | DSE | | DSE | |
| CALL SIGN DSE | CALL SIGN | 0.00 | CALL SIGN Total DSEs | DSE | CALL SIGN | 0 DSE | |
| COMMUNITY/ AREA | CALL SIGN | 0.00 | CALL SIGN Total DSEs | DSE The Group | CALL SIGN | 0 DSE | |

| LEGAL NAME OF OWI | | | | | | \$ | SYSTEM ID# | Name |
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| HARGRAY COM | MUNICALI | ONS GROUP, IN | C. | | | | 37041 | |
| | | | | ATE FEES FOR EAC | | | | |
| | | SUBSCRIBER GRO | | 11 | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First | Croup | • | 0.00 | Base Rate Fee Sec | and Croup | | 0.00 | |
| Dase Nate I ee i list | Огоир | \$ | 0.00 | Dase Nate i ee Sec | ond Group | \$ | 0.00 | |
| S | SIXTY-THIRD | SUBSCRIBER GRO | DUP | SIZ | KTY-FOURTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| Dana Bata Fara A LL | 4h a la a 1 | a fana fan ee ek ee t | | an alangum in the steel | -h | | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group a | as shown in the boxes | apove. | \$ | | |
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| LEGAL NAME OF OWI | | | _ | | | \$ | SYSTEM ID# | Name |
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| HARGRAY COM | MUNICATI | ONS GROUP, IN | С. | | | | 37041 | Nume |
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| | | SUBSCRIBER GRO | | II | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| | | | | | | 0.120.1 | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | and Group | \$ | 0.00 | |
| Cross recorpts i iist | Огоир | • | 0.00 | Cross recorpts deci- | ona Group | • | 0.00 | |
| Base Bate Fee First | 0 | | 0.00 | Dana Bata Fan Can | - m-d O | | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SIXT | Y-SEVENTH | SUBSCRIBER GRO | DUP | SI | XTY-EIGHTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | ٩ | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | I Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| , | | | | | | | | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add | the base rate | e fees for each subs | criber aroun s | as shown in the boxes | above | | | |
| Enter here and in blo | | | bor group c | S SHOW! III WIE DONGS | | \$ | | |
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| LEGAL NAME OF OWI | | | C. | | | (| 37041 | Name |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | 9 |
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| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| SEV | ENTY-FIRST | SUBSCRIBER GRO | DUP | 11 | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | - | ·· | 0.00 | Total DSEs | - | | 0.00 | |
| Gross Receipts Third | I Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third | I Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes a | above. | \$ | | |
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| | BLE SYSTEM: | _ | | | , | SYSTEM ID# | Name |
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| HARGRAY COMMUNICA | HONS GROUP, IN | C. | | | | 37041 | Numo |
| | A: COMPUTATION C | | | | | | |
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| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | 4 | | 0 | Computation |
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| Γotal DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | and Group | \$ | 0.00 | |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | SUBSCRIBER GRO | | Base Rate Fee Second | | SUBSCRIBER GRO | - | |
| SEVENTY-NINT | | | Base Rate Fee Second COMMUNITY/ AREA | EIGHTIETH | | - | |
| SEVENTY-NINT | | DUP | | EIGHTIETH | | JP | |
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| COMMUNITY/ AREA | CALL SIGN | DUP DSE DSE O.00 | COMMUNITY/ AREA | DSE th Group | CALL SIGN | DSE DSE O.00 | |

| LEGAL NAME OF OWI | | | | | | \$ | SYSTEM ID# | Name |
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| HARGRAY COM | WUNICATI | UNS GROUP, IN | U. | | | | 37041 | |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in blo | | | criber group a | as shown in the boxes | above. | \$ | | |
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| LEGAL NAME OF OWI | | | | | | \$ | SYSTEM ID# | Name |
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| HARGRAY COM | MUNICALI | ONS GROUP, IN | C. | | | | 37041 | |
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| | | SUBSCRIBER GRO | | 11 | | SUBSCRIBER GROU | | 9 |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | 1- | <u>·</u> | | | | | | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in blo | | | criber group a | as shown in the boxes | above. | \$ | | |
| | o,o 1, o | (page 1) | | | | * | | |

| | OMPUTATION OF UBSCRIBER GROU | IP | ATE FEES FOR EAC | | BER GROUP SUBSCRIBER GROU | | |
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| COMMUNITY/ AREA | UBSCRIBER GROL | | | ALIA ITICTO | 01100000000 | | |
| | | | COMMUNITY/ AREA 0 | | | | 9 |
| CALL SIGN DSE | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| otal DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ | . | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| · · · - | | | | • | | | |
| sase Rate Fee First Group | 3 | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | UBSCRIBER GROU | | li | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Gross Receipts Third Group | 1 | 0.00 | Gross Receipts Fourt | th Group | \$ | 0.00 | |
| | | | | | | | |
| Base Rate Fee Third Group | j | 0.00 | Base Rate Fee Fourt | th Group | \$ | 0.00 | |
| | | | <u> </u> | | | | |
| ase Rate Fee: Add the base rate for | | ber group a | s shown in the boxes a | bove. | | | |
| nter here and in block 3, line 1, spa | | · . | | | \$ | | |

| LEGAL NAME OF OWN | | | • | | | \$ | SYSTEM ID# | Name |
|---|------------------|-----------------|----------------|-----------------------|---------------|------------------|----------------|--------------------------|
| HARGRAY COM | MUNICATI | ONS GROUP, IN | C. | | | | 37041 | |
| | | | | ATE FEES FOR EAC | | | | |
| NIN COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY AREA | | | U | COMMUNITY AREA | - | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NIII | NETY FIETH | CURCOURER CRO | NID. | N. | INICTY CIVILI | CLIDSCOUDED CDOL | ID. | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 | COMMUNITY/ AREA | | SUBSCRIBER GROU | 0 | |
| COMMUNITY AREA | | | | COMMUNITY AREA | | | | |
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| Total DSEs | | - | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in blo | | | criber group a | as shown in the boxes | above. | ¢ | | |
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| HARGRAY COMMUNICA | BLE SYSTEM: | _ | | | ` | SYSTEM ID# | Name |
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| | HONS GROUP, IN | C. | | | | 37041 | Numb |
| | A: COMPUTATION C | | П | | | | |
| | TH SUBSCRIBER GRO | | ii . | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
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| Base Rate Fee First Group | ¢ | 0.00 | Base Rate Fee Seco | and Group | le: | 0.00 | |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
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| NINETY-NIN | | | | IUNDREDTH | | - | |
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| NINETY-NIN | | DUP | ONE H | IUNDREDTH | | JP | |
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| COMMUNITY/ AREA | TH SUBSCRIBER GRO | DUP Output DSE | ONE H COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GROU | JP O DSE | |
| NINETY-NIN' COMMUNITY/ AREA CALL SIGN DSE | CALL SIGN | DUP DSE DSE O.00 | ONE H COMMUNITY/ AREA CALL SIGN Total DSEs | DSE | SUBSCRIBER GROU | DSE DSE D.00 | |

| LEGAL NAME OF OWNE | | | C . | | | S | 37041 | Name |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDR | ED THIRD | SUBSCRIBER GRO | UP | ONE HUNDR | ED FOURTH | SUBSCRIBER GROU | IP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third C | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group a | s shown in the boxes a | above. | \$ | | |

| LEGAL NAME OF OWNE | | | С. | | | S | 37041 | Name |
|--|-----------|----------------|---------------|------------------------|-----------|-----------------|-------|---------------------------|
| | | | | TE FEES FOR EAC | | | | |
| | RED FIFTH | SUBSCRIBER GRO | | ii e | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GRO | | ii e | | SUBSCRIBER GROU | IP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group a | s shown in the boxes a | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. 37041 | | | | | | | Name | |
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| Bl | OCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | BER GROUP | | |
| ONE HUNDRE | D NINTH | SUBSCRIBER GROU | | ONE HUNDR | ED TENTH | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
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| Base Rate Fee First Gro | | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | |
| | EVENTH. | SUBSCRIBER GROU | | 11 | IWELVIH | SUBSCRIBER GROUP | 0 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
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| | oun | ¢. | 0.00 | | Crown | ¢. | | |
| Gross Receipts Third Gr | oup | 3 | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block 3 | | | ber group a | s shown in the boxes ab | ove. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. SYSTEM ID# 37041 | | | | | | | Name | |
|---|---------|-----------------|-------------|--------------------------|----------|------------------|------|--------------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | BER GROUP | | |
| ONE HUNDRED THIS | RTEENTH | SUBSCRIBER GROU | | 11 | IRTEENTH | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED FIF | TEENTH | SUBSCRIBER GROU | Р | ONE HUNDRED S | IXTEENTH | SUBSCRIBER GROUP | 1 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block 3 | | | ber group a | s shown in the boxes abo | ove. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. 37041 | | | | | | | Name | |
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| | | | | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRED SEVEN | ITEENTH | SUBSCRIBER GROU | | ONE HUNDRED EIG | HTEENTH | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED NIN | ITEENTH | SUBSCRIBER GROU | Р | ONE HUNDRED TV | VENTIETH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block 3 | | | per group a | s shown in the boxes abo | ove. | \$ | | |

| LEGAL NAME OF OWNE | | | : . | | | S | 37041 | Name |
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| | | | | ATE FEES FOR EAC | H SUBSCRI | BER GROUP | | |
| ONE HUNDRED TWE | NTY-FIRST | SUBSCRIBER GROU | JP | ONE HUNDRED TWEE | NTY-SECOND | SUBSCRIBER GROUP | | ^ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | roup | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First Gr | roup | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| ONE HUNDRED TWE | NTY-THIRD | SUBSCRIBER GROUP | | ONE HUNDRED TWE | NTY-FOURTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third G | iroup | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| | | | | !! | | | | |
| Base Rate Fee: Add th Enter here and in block | | | iber group a | as shown in the boxes a | bove. | \$ | | |

| LEGAL NAME OF OWNER HARGRAY COMMU | | | | | | S | YSTEM ID# 37041 | Name |
|--|---------------|------------------|--------------|--------------------------|------------|------------------|--------------------|---------------------------|
| В | LOCK A: | COMPUTATION O | BASE RA | ATE FEES FOR EACH | | | | |
| | NTY-FIFTH | SUBSCRIBER GROUP | | 11 | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | <mark></mark> | | <u> </u> | | | | | and |
| | | | <u>.</u> | | | | | Syndicated Exclusivity |
| | | | | | | | | Surcharge |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| ONE HUNDRED TWENTY | -SEVENTH | SUBSCRIBER GROUP | | ONE HUNDRED TWE | NTY-EIGHTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | iber group a | as shown in the boxes al | bove. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. 37041 | | | | | | | | |
|---|------------|---------------------|--------------|------------------------|------------|---------------------|-------|------------------|
| HARGRAY COMM | UNICATIO | ONS GROUP, INC | ;. | | | | 37041 | Name |
| | | | | TE FEES FOR EAC | | | | |
| | NTY-NINTH | SUBSCRIBER GROUP | | li | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | + | | | | | | Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | • | 0.00 | Gross Receipts Seco | and Group | ¢ | 0.00 | |
| Gloss Receipts Filst G | Toup | \$ | 0.00 | Gloss Receipts Seco | ли Эгоир | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED TH | IRTY-FIRST | SUBSCRIBER GROUP | | ONE HUNDRED THI | RTY-SECOND | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | 0000011102111011001 | 0 | COMMUNITY/ AREA | | 0000011102111011001 | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add th | | | iber group a | s shown in the boxes a | above. | | | |
| Enter here and in block | | | | | | \$ | | |

| LEGAL NAME OF OWNER HARGRAY COMMU | | | | | | S | 37041 | Name |
|--|--|-----------------------|-------------|-------------------------|------------|------------------|-------|------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRED THIS | TY-THIRD | SUBSCRIBER GROUP | | l | TY-FOURTH | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | Gross Receipts First Group \$ 0.00 | | | Gross Receipts Secon | d Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First Gro | | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | |
| | RTY-FIFTH | SUBSCRIBER GROUP | | | HRTY-SIXTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | ! | 0.00 | Total DSEs | _ | ! ! | 0.00 | |
| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block (| base rate 3, line 1, sp | fees for each subscri | ber group a | s shown in the boxes ab | ove. | \$ | | |

| LEGAL NAME OF OWNER HARGRAY COMMU | | | • | | | S | YSTEM ID# 37041 | Name |
|--|----------------------------|---|-------------|--------------------------|--------------|------------------|--------------------|---------------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRED THIRTY- | SEVENTH | SUBSCRIBER GROUP | | ONE HUNDRED THIF | RTY-EIGHTH | SUBSCRIBER GROUP | | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | <u> </u> | | | and |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Second | d Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED THIS | RTY-NINTH | SUBSCRIBER GROUP | | ONE HUNDRED | FORTIETH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | <u> </u> | | 0.00 | Total DSEs | 4 | | 0.00 | |
| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block 3 | base rate 3, line 1, sp | e fees for each subscri pace L (page 7) | ber group a | as shown in the boxes ab | ove. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. 37041 | | | | | | | | |
|---|------------|------------------|--------------|-------------------------|-----------|------------------|------|---------------------------|
| | BLOCK A: | COMPUTATION O | F BASE RA | ATE FEES FOR EAC | | | | |
| COMMUNITY/ AREA | ORTY-FIRST | SUBSCRIBER GROUP | 0 | COMMUNITY/ AREA | | SUBSCRIBER GROUP | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee and |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROUP | | ii e | | SUBSCRIBER GROUP | _ | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add a Enter here and in bloo | | | iber group a | as shown in the boxes a | ibove. | \$ | | |

| HARGRAY COMM | | | Э. | | | S | 37041 | Name |
|--|------------|------------------|---------------|------------------------|-------------|------------------|-------|------------------|
| | | | | TE FEES FOR EAC | H SUBSCRI | BER GROUP | | |
| | ORTY-FIFTH | SUBSCRIBER GROUP | | 1 | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED FORT | Y-SEVENTH | SUBSCRIBER GROUP |) | ONE HUNDRED F | ORTY-EIGHTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group a | s shown in the boxes a | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. 37041 | | | | | | | | |
|---|----------------|----------------|---------------|------------------------|-----------|---------------------------|-------|---------------------|
| | | | | | | | 37041 | Name |
| ONE HUNDRED FO | | | | ATE FEES FOR EAC | | BER GROUP SUBSCRIBER GROU | ID | |
| COMMUNITY/ AREA | IXI I-IVIIVIII | 30B3CNBLN GNO | 0 | COMMUNITY/ AREA | | SOBSCINIBLIN GINOR | 0 | 9 |
| | | | | | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
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| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | | SUBSCRIBER GRO | | ii e | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | | 0 | |
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| Total DSEs | | l <u>l</u> | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add to Enter here and in blood | | | riber group a | s shown in the boxes a | above. | \$ | | |
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| LEGAL NAME OF OWNER HARGRAY COMMU | | | | | | SY | 37041 | Name |
|--|----------|-----------------|-------------|-------------------------|-----------|------------------|----------|------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| ONE HUNDRED FIFT | Y-THIRD | SUBSCRIBER GROU | | TI . | Y-FOURTH | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| | TY-FIFTH | SUBSCRIBER GROU | | 11 | FTY-SIXTH | SUBSCRIBER GROUP | , | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block 3 | | | ber group a | s shown in the boxes ab | ove. | \$ | | |

| LEGAL NAME OF OWNER HARGRAY COMMU | | | | | | S | YSTEM ID# 37041 | Name |
|--|-----------|-------------------------|-------------|-------------------------|-------------|------------------|--------------------|------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRED FIFTY- | SEVENTH | SUBSCRIBER GROUP | | ONE HUNDRED FI | FTY-EIGHTH | SUBSCRIBER GROUP | | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
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| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED FIF | TY-NINTH | SUBSCRIBER GROUP | | ONE HUNDRE | D SIXTIETH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | base rate | e fees for each subscri | ber group a | s shown in the boxes ab | ove. | • | | |
| LING HOLD AND IN DIOCK | ر,ان ۱, ک | case L (page 1) | | | | * | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. 37041 | | | | | | | | | | |
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| | BLOCK A: | COMPUTATION C | F BASE RA | ATE FEES FOR EACH | SUBSCR | IBER GROUP | | | | |
| | FIRST | SUBSCRIBER GRO | UP | | SECOND | SUBSCRIBER GROU | JP | • | | |
| COMMUNITY/ AREA | BLUFF | TON, PERRY, KI | NGSLAN | COMMUNITY/ AREA | STATES | SBORO, GA, BULL | OCH COU | 9 Computation | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | | | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | | | |
| | THIRD | SUBSCRIBER GRO | UP | | | | | | | |
| COMMUNITY/ AREA | EATON | ITON,GA (AD LIN | IEUP) | COMMUNITY/ AREA | REIDSV | 'ILLE, GA (AE LIN | R GROUP JBSCRIBER GROUP CALL SIGN DSE O.00 O.00 JBSCRIBER GROUP O.00 JBSCRIBER GROUP LE, GA (AE LINEUP) | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
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| Base Rate Fee Third Group \$ 0.00 | | | | Base Rate Fee Fourth | Group | \$ | 0.00 | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group a | us shown in the boxes abo | ove. | s | 0.00 | | | |

| | | SYSTEM: ONS GROUP, INC | C. | | | S | 37041 | Naı | | |
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| BLO | OCK A: | COMPUTATION C | F BASE RA | ATE FEES FOR EAC | CH SUBSCR | IBER GROUP | | | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | JP | _ | | |
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| Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Seco | 0.00 | | | | | |
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| Base Rate Fee First Grou | p | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | | | |
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| | VENTH | SUBSCRIBER GRO | | | | EIGHTH SUBSCRIBER GROUP | | | | |
| | VENTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | | | |
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| | JNICATIO | SYSTEM: ONS GROUP, IN | C. | | | • | 37041 | |
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| ase Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Fotal DSEs Gross Receipts Third G | roup | \$ | | | th Group | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: HARGRAY COMMUNICATIONS GROUP, INC. 37041 | | | | | | | | |
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| В | LOCK A: | COMPUTATION O | F BASE RA | ATE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| | RTEENTH | SUBSCRIBER GROU | | 11 | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | Computation |
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| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| EII | TEENTH | SUBSCRIBER GROU | ID | | SIYTEENTL | I SUBSCRIBER GROU | ID | |
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| Base Rate Fee Third Group \$ 0.00 | | | Base Rate Fee Four | th Group | \$ | 0.00 | | |
| Base Rate Fee: Add the Enter here and in block | | | iber group a | as shown in the boxes | above. | \$ | | |

| | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP 37041 | | | | | | | |
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| 9 | | SUBSCRIBER GROU | HTEENTH | | | SUBSCRIBER GRO | ENTEENTH | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Computat of Base Rate and Syndicate | | OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP Y-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP | | | | | | |
| Computat of Base Rate and Syndicate | U | | I-SECOND | 11 | | SUBSCRIBER GRO | NTY-FIRST | |
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| | 0.00 | \$ | Group | Base Rate Fee Fourth | 0.00 | \$ | Group | Base Rate Fee Third G |

| | BLE SYSTEM: | • | | | • | SYSTEM ID# | Name |
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| HARGRAY COMMUNICA | HONS GROUP, IN | ப். | | | | 37041 | |
| | A: COMPUTATION C | | П | | | ID. | |
| TWENTY-FIF' COMMUNITY/ AREA | TH SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | | I SUBSCRIBER GRO | JP 0 | 9 |
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| | BLE SYSTEM: | ıc | | | 5 | SYSTEM ID# | Name |
|--|---------------------------------------|---------------------|---|-----------|-------------------------------|--------------|--------------------------|
| HARGRAY COMMUNICA | • | | | | | 37041 | |
| | A: COMPUTATION (TH SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP I SUBSCRIBER GROU | IP | |
| COMMUNITY/ AREA | TH SOBSCRIBER GRO | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | Base Rate F |
| | | | | | | | and |
| | | | - | | | | Syndicated |
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| | | | | | | | |
| Γotal DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| | · | | | | · | | |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
| • | | 0.00 | Dusc Nate 1 cc occ | | Ψ | | |
| • | ST SUBSCRIBER GRO | - | | | SUBSCRIBER GROU | | |
| THIRTY-FIR | • | - | | TY-SECOND | | | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP | THIR | TY-SECOND | | JP | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR COMMUNITY/ AREA CALL SIGN DSE | ST SUBSCRIBER GRO | OUP 0 | THIR COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROU | JP 0 | |
| THIRTY-FIR COMMUNITY/ AREA CALL SIGN DSE | CALL SIGN | DUP DSE DSE 0.00 | THIR COMMUNITY/ AREA CALL SIGN Total DSEs | DSE | CALL SIGN | DSE DSE D.00 | |
| THIRTY-FIR | ST SUBSCRIBER GRO | DUP 0 | THIR COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GROU | JP 0 DSE | |

| LEGAL NAME OF OWNER HARGRAY COMMU | | | ; . | | | S | 37041 | Name |
|--|----------|-----------------|--------------|-------------------------|-------------|-----------------|-------|--------------------------|
| ВІ | LOCK A: | COMPUTATION O | F BASE RA | ATE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| THIRT | Y-THIRD | SUBSCRIBER GROU | | 11 | | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ١ | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| | | | | | | | | Base Rate Fee |
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| | | | | | | | | Syndicated |
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| | | | | | | | 2.22 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| THIR | TY-FIFTH | SUBSCRIBER GROU | JP | Th | HIRTY-SIXTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block 3 | | | iber group a | as shown in the boxes a | above. | \$ | | |

| | | : SYSTEM: DNS GROUP, INC | C. | | | | 37041 | Name |
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| | | SUBSCRIBER GRO | | TI . | | SUBSCRIBER GROU | JP | _ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computa of |
| | | | | | | | | Base Rate |
| | | | | | | | | and |
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| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
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| | | SUBSCRIBER GRO |)UP | | FORTIETH | SUBSCRIBER GROU | JP | |
| | | | - | COMMUNITY/ AREA | FORTIETH | | | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
| | | |)UP | | FORTIETH | | JP | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
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| CALL SIGN | Y-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | FORTIETH | SUBSCRIBER GROU | JP 0 | |
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| CALL SIGN CALL SIGN Total DSEs | Y-NINTH DSE | SUBSCRIBER GRO | DUP 0 | CALL SIGN | DSE | SUBSCRIBER GROU | DSE | |
| COMMUNITY/ AREA | DSE | CALL SIGN | DUP O DSE O O O O O O O O O O O O O | COMMUNITY/ AREA CALL SIGN Total DSEs | DSE The Group | SUBSCRIBER GROU | DSE | |

| | VICATIO | : SYSTEM: DNS GROUP, IN | C. | | | • | 37041 |
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| | | SUBSCRIBER GRO | | П | | SUBSCRIBER GROU | JP |
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| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 |
| iross Receipts First Grou | qı | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 |
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| ase Rate Fee First Grou | ın | e | 0.00 | | | | 0.00 |
| | | [\$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 |
| | | SUBSCRIBER GRO | DUP | FOR | RTY-FOURTH | SUBSCRIBER GROU | JP |
| | | | - | | RTY-FOURTH | <u> </u> | |
| OMMUNITY/ AREA | | SUBSCRIBER GRC | 0 0 | FOR COMMUNITY/ AREA | RTY-FOURTH | SUBSCRIBER GROU | JP 0 |
| OMMUNITY/ AREA | /-THIRD | | DUP | FOR | RTY-FOURTH | <u> </u> | JP |
| OMMUNITY/ AREA | /-THIRD | SUBSCRIBER GRC | 0 0 | FOR COMMUNITY/ AREA | RTY-FOURTH | SUBSCRIBER GROU | JP 0 |
| OMMUNITY/ AREA | /-THIRD | SUBSCRIBER GRC | 0 0 | FOR COMMUNITY/ AREA | RTY-FOURTH | SUBSCRIBER GROU | JP 0 |
| OMMUNITY/ AREA | /-THIRD | SUBSCRIBER GRC | 0 0 | FOR COMMUNITY/ AREA | RTY-FOURTH | SUBSCRIBER GROU | JP 0 |
| OMMUNITY/ AREA | /-THIRD | SUBSCRIBER GRC | 0 0 | FOR COMMUNITY/ AREA | RTY-FOURTH | SUBSCRIBER GROU | JP 0 |
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| OMMUNITY/ AREA | /-THIRD | SUBSCRIBER GRC | 0 0 | FOR COMMUNITY/ AREA | RTY-FOURTH | SUBSCRIBER GROU | JP 0 |
| FORTY COMMUNITY/ AREA CALL SIGN | /-THIRD | SUBSCRIBER GRC | 0 0 | FOR COMMUNITY/ AREA | RTY-FOURTH | SUBSCRIBER GROU | JP 0 |
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| CALL SIGN | /-THIRD | SUBSCRIBER GRC | DUP 0 | FOF COMMUNITY/ ARE, | RTY-FOURTH | SUBSCRIBER GROU | JP 0 DSE |
| CALL SIGN CALL SIGN Otal DSEs | DSE | CALL SIGN | DUP DSE O.000 | FOF COMMUNITY/ ARE. | DSE | SUBSCRIBER GROU | DSE DSE 0.00 |
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| HARGRAY COMMUNIC | CABLE SYSTEM CATIONS G | | | | | 8 | 37041 |
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| | | | ASE RA | ATE FEES FOR EAC | CH SUBSCR | IBER GROUP | |
| | | RIBER GROUP | | TI . | | SUBSCRIBER GROU | JP |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 |
| CALL SIGN DS | SE CALL | SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE |
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| otal DSEs | | | 0.00 | Total DSEs | | - | 0.00 |
| Gross Receipts First Group | \$ | | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 |
| Base Rate Fee First Group | \$ | ı | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 |
| FORTY SEVE | | | | | | | |
| FURIT-SEVE | NTH SUBSC | RIBER GROUP | | FO | RTY-EIGHTH | SUBSCRIBER GROU | JP |
| | NTH SUBSC | RIBER GROUP | 0 | COMMUNITY/ ARE | | SUBSCRIBER GROU | JP 0 |
| OMMUNITY/ AREA | | | | COMMUNITY/ ARE/ | A | | 0 |
| OMMUNITY/ AREA | | SIGN | O | 1 | | SUBSCRIBER GROU | |
| OMMUNITY/ AREA | | | | COMMUNITY/ ARE/ | A | | 0 |
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| COMMUNITY/ AREA | | | | COMMUNITY/ ARE/ | A | | 0 |
| CALL SIGN DS | | SIGN | | COMMUNITY/ ARE/ | A | | 0 |
| CALL SIGN DS CALL SIGN DS Total DSEs | | SIGN | DSE | COMMUNITY/ AREA | DSE | | DSE |
| COMMUNITY/ AREA | BE CALL | SIGN | DSE | CALL SIGN CALL SIGN Total DSEs | DSE | CALL SIGN | 0 DSE |

| HARGRAY COMMUNICA | TIONS ODOLID IN | 10 | | | 3 | SYSTEM ID# | Name |
|----------------------------|------------------|-----------------|--------------------|--|-------------------|----------------|-------------------------|
| | | | | | | 37041 | |
| | A: COMPUTATION | | ATE FEES FOR EAC | | | ID | |
| FORTY-NIN COMMUNITY/ AREA | TH SUBSCRIBER GR | 0UP 0 | COMMUNITY/ ARE | | I SUBSCRIBER GROU |)P 0 | 9 |
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| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| | | | | | | | |
| | | | | | | | |
| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FIFTY-FIR | ST SUBSCRIBER GR | OUP | FIF | TY-SECOND | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | ٩ | | 0 | |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| O'ALL GIGIT | CALL GIGIT | DOL | CALL CIGIT | DOL | OTTEL CICIA | DOL | |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| rotal Bollo | • | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | \$ | | 11 | | | | |
| Gross Receipts Third Group | 4 | | | | | | |

| | BLE SYSTEM: | ıc | | | \$ | SYSTEM ID# | Name |
|----------------------------|------------------------------------|------|--|-------------|-------------------------------|------------|--------------------------|
| HARGRAY COMMUNICA | | | | | | 37041 | |
| | A: COMPUTATION (RD SUBSCRIBER GRO | | III | | IBER GROUP I SUBSCRIBER GROU | IP | |
| COMMUNITY/ AREA | ND GODGENIDEN GIN | 0 | COMMUNITY/ ARE | | T SOBSCITIBLIT GIVE | 0 | 9 |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
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| | | | | | | | and |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | |
| FIFTY-FIF | TH SUBSCRIBER GRO | OUP | | FIFTY_SIXTH | I SUBSCRIBER GROU | ID | |
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| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | | T GOBGOTTIBEIT GROV | 0 | |
| | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN DSE | | | ii ee | | CALL SIGN | _ | |
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| | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN DSE | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN DSE | CALL SIGN | 0.00 | COMMUNITY/ ARE. CALL SIGN Total DSEs | DSE | CALL SIGN | 0 DSE | |
| CALL SIGN DSE | | DSE | COMMUNITY/ ARE. | DSE | | DSE | |

| HARGRAY COMMUNICA | ABLE SYSTEM: | 10 | | | 8 | SYSTEM ID# | Name |
|---------------------------------------|-------------------|--------------|-------------------------------|-----------|-----------------|----------------|--------------------------|
| <u></u> | TIONS GROUP, IN | .U. | | | | 37041 | |
| | A: COMPUTATION (| | | | | ID. | |
| FIFTY-SEVEN COMMUNITY/ AREA | TH SUBSCRIBER GRO | OUP 0 | COMMUNITY/ ARE | | SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY/ AREA | | U | COMMUNITY/ ARE | Α | | | Computation |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | Base Rate F |
| | | | | | | | and |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FIFTY-NIN | TH SUBSCRIBER GRO | OUP | | SIXTIETH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | A | | 0 | |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| | S | | | rth Group | S | | |
| Total DSEs Gross Receipts Third Group | \$ | 0.00 | Total DSEs Gross Receipts Fou | rth Group | \$ | 0.00 | |

| LEGAL NAME OF OWNER HARGRAY COMMU | | | ; . | | | 5 | 37041 | Name |
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| В | LOCK A: | COMPUTATION O | F BASE RA | ATE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| | TY-FIRST | SUBSCRIBER GROU | | 11 | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| SIXT | Y-THIRD | SUBSCRIBER GRO | JP | SIX | TY-FOURTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | iber group a | as shown in the boxes a | above. | \$ | | |

| LEGAL NAME OF OWNER HARGRAY COMMU | | | | | | S | 37041 | Name |
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| В | LOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| SIX | TY-FIFTH | SUBSCRIBER GROU | | 11 | | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| SIXTY-S | EVENTH | SUBSCRIBER GROU | IP | SIX | KTY-EIGHTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | <u> </u> | | 0.00 | Total DSEs | | <u> </u> | 0.00 | |
| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
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| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block (| | | ber group a | as shown in the boxes a | bove. | \$ | | |

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| 37041 | | | | | HARGRAY COMM |
| FE FEES FOR EACH SUBSCRIBER GROUP SEVENTY-FOURTH SUBSCRIBER GROUP | | | COMPUTATION OF SUBSCRIBER GROU | | |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
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| order redesipte i met Group | * | | Cross resorpts cost | па отоар | <u>*</u> | | |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | \$ TH SUBSCRIBER GRO | | Base Rate Fee Seco | | \$ SUBSCRIBER GROU | | |
| SEVENTY-NIN | | | Base Rate Fee Seco | EIGHTIETH | | | |
| SEVENTY-NIN | | DUP | | EIGHTIETH | | JP | |
| SEVENTY-NIN | | DUP | | EIGHTIETH | | JP | |
| SEVENTY-NIN* | TH SUBSCRIBER GRO | OUP 0 | COMMUNITY/ AREA | EIGHTIETH | SUBSCRIBER GROU | JP 0 | |
| SEVENTY-NIN* | TH SUBSCRIBER GRO | OUP 0 | COMMUNITY/ AREA | EIGHTIETH | SUBSCRIBER GROU | JP 0 | |
| SEVENTY-NIN* | TH SUBSCRIBER GRO | OUP 0 | COMMUNITY/ AREA | EIGHTIETH | SUBSCRIBER GROU | JP 0 | |
| SEVENTY-NIN* | TH SUBSCRIBER GRO | OUP 0 | COMMUNITY/ AREA | EIGHTIETH | SUBSCRIBER GROU | JP 0 | |
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| SEVENTY-NINT COMMUNITY/ AREA CALL SIGN DSE | TH SUBSCRIBER GRO | DUP 0 | COMMUNITY/ AREA | EIGHTIETH | SUBSCRIBER GROU | JP 0 | |
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| SEVENTY-NINT COMMUNITY/ AREA CALL SIGN DSE | CALL SIGN | DUP DSE DSE O.00 | COMMUNITY/ AREA CALL SIGN Total DSEs | DSE | SUBSCRIBER GROU | DSE DSE O.00 | |
| COMMUNITY/ AREA | CALL SIGN | DUP DSE DSE O.00 | COMMUNITY/ AREA CALL SIGN Total DSEs | DSE DSE | SUBSCRIBER GROU | DSE DSE O.00 | |

| Name | YSTEM ID# 37041 | 3 | | | | | | LEGAL NAME OF OWNER HARGRAY COMMU |
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| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Base Rate F and | | | | | | | | |
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| = | 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | \$ | roup | Base Rate Fee First G |
| - | 1P 0 | SUBSCRIBER GROU | Y-EIGHTH | | | SUBSCRIBER GRO | -SEVENTH | |
| | | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | 0.00 | \$ | Group | Base Rate Fee Fourth | 0.00 | \$ | Group | Base Rate Fee Third G |

| LEGAL NAME OF OWN HARGRAY COMM | | | C. | | | \$ | 37041 | Name |
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| Total DSEs | | II | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| · | · | | | · | • | | | |
| Base Rate Fee First (| | \$ | 0.00 | Base Rate Fee Seco | | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | Į | !! | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add to Enter here and in blood | | | criber group a | as shown in the boxes a | above. | \$ | | |

| | | E SYSTEM: ONS GROUP, IN | C. | | | : | 37041 | Na |
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| | | | | ATE FEES FOR EAG | CH SUBSCE | IBER GROUP | 07071 | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | JP | _ |
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| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Comp |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | | | | | | • | | |
| Bross Receipts First G | oup | \$ | 0.00 | Gross Receipts Sec | ona Group | \$ | 0.00 | |
| Base Rate Fee First G | oup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NINE | TY-FIFTH | SUBSCRIBER GRO | DUP | N | INETY-SIXTH | SUBSCRIBER GROU | JP | |
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| | roup | \$ | 0.00 | Total DSEs Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Total DSEs Gross Receipts Third G | • | \$ | _ | | · | \$ | | |

| | BLE SYSTEM: | _ | | | , | SYSTEM ID# | Name |
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| HARGRAT COMMUNICA | TIONS GROUP, IN | Մ. | | | | 37041 | Hallie |
| | A: COMPUTATION C | | | | | | |
| | TH SUBSCRIBER GRO | | 11 | | SUBSCRIBER GROU | | 9 |
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| Γotal DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| Srode Recorpte Filet Group | <u>*</u> | | Cross rescipts esse | ла отоар | <u>*</u> | | |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
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| Name | 37041 | | | | ·. | | | HARGRAY COMMU |
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| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Name | 37041 | | | | | | | LEGAL NAME OF OWNE |
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| ONE HUNDRED FORTY-COMMUNITY/ AREA CALL SIGN D Total DSEs | DSE D | CALL SIGN | 0 DSE | ONE HUNDRED FO COMMUNITY/ AREA CALL SIGN Total DSEs | DSE | SUBSCRIBER GROUP CALL SIGN | 0 DSE | |
| ONE HUNDRED FORTY- | DSE D | UBSCRIBER GROUF | DSE | ONE HUNDRED FO COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GROUP | DSE | |

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| = | | | | | | | ORTY-SEVENTH | ONE HUNDRED FORT |
| - | | | | ONE HUNDRED F | | | ORTY-SEVENTH | ONE HUNDRED FORT |
| = - - - - | 0 | SUBSCRIBER GROUP | RTY-EIGHTH | ONE HUNDRED F | 0 | SUBSCRIBER GROUP | DRTY-SEVENTH | ONE HUNDRED FORT |
| = - - - - - | 0 | SUBSCRIBER GROUP | RTY-EIGHTH | ONE HUNDRED F | 0 | SUBSCRIBER GROUP | DRTY-SEVENTH | ONE HUNDRED FORT |
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| - - - - - - - - - - - - - - - - - - | 0 | SUBSCRIBER GROUP | RTY-EIGHTH | ONE HUNDRED F | 0 | SUBSCRIBER GROUP | DRTY-SEVENTH | ONE HUNDRED FORT |
| - - - - - - - - - - - - - - - - - - - | 0 | SUBSCRIBER GROUP | RTY-EIGHTH | ONE HUNDRED F | 0 | SUBSCRIBER GROUP | DRTY-SEVENTH | ONE HUNDRED FORT |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
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| ONE HUNDRED FIFTY-FIRS | T SUBSCRIBER GRO | DUP | ONE HUNDRED FIF | TY-SECOND | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Group | \$ | 0.00 | Gross Receipts Fou | th Group | \$ | 0.00 | |
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| Base Rate Fee Third Group | \$ | 0.00 | Base Rate Fee Fou | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add the base ra | | | | | | | |

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| E ONE HUNDRED FIF | | | | ATE FEES FOR EAC | | RIBER GROUP | UP | |
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| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | 1 |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | 1 |
| ONE HUNDRED FIF | TY-FIFTH | SUBSCRIBER GRO | | 11 | | SUBSCRIBER GRO | | ı |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | · | | 0 | ı |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | 1 |
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| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | ı |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | ı |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | l |
| Base Rate Fee: Add th Enter here and in block | | | criber group a | as shown in the boxes a | above. | \$ | | l |

| NER OF CABLE SYSTEM: IMUNICATIONS GROUP, INC. | STEM ID# | Name |
|---|-------------|-------------------------|
| | 37041 | |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP | | |
| A COMMUNITY/ AREA | 0 | 9 Computation |
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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee INSTRUCTIONS: and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee INSTRUCTIONS: and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee INSTRUCTIONS: and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee INSTRUCTIONS: and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HARGRAY COMMUNICATIONS GROUP, INC. 37041 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee INSTRUCTIONS: and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group NINEENTH SUBSCRIBER GROUP TWENTYTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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Radio

Accepted

| C | Cable Worksheet | | Total amount of remittance | Number of SAs rec'd | | Initials | |
|-------------------------------------|--|-------------|----------------------------|-------------------------|------------|----------|----------|
| | | | Date of remittance | Check | EFT | FIL | ING FEES |
| Cable ID # | | | | | | Amount | Initials |
| Examined by | | Reviewed by | Date examination completed | Allocation | n number | | |
| Space A Accounting Period | | l | | | | | |
| | ☐ January 1 - June 30, 2017 ☐ July 1 - December 31, 2017 | | | | | | |
| | Lett | er sent | ☐ Information received | | | | |
| | Acc | epted | [| Phone call/Date/Contact | | | |
| Space B Owner | | | | | | | |
| | Lett | er sent | [| Information red | ceived | | |
| | Acc | epted | [| Phone call/Date | e/Contact | | |
| Space D Area Served | | | | | | | |
| | Lett | er sent | [| Information red | ceived | | |
| | Acc | epted | [| Phone call/Date | e/Contact | | |
| Space E Secondary Transission | | | | | | | |
| Service Subscribers: | Lett | er sent | Information received | | | | |
| and Rates | Acc | epted | [| Phone call/Date/Contact | | | |
| Space G Primary Transmitters: | | | | | | | |
| Television | Lett | er sent | ☐ Information received | | | | |
| | ☐ Acc | epted | | Phone call/Dat | re/Contact | | |
| Space H Primary Transmitters: | | | | | | | |

Phone call/Date/Contact

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