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.

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			
	\$			
8/19/2024	ALLOCATION NUMBER			

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Accounting Period 2024-01									
Owner Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
Northwest Iowa Telephone Co	Northwest Iowa Telephone Co								
	0262024-01 31026 2024-01								
PO Box 38									
Sergeant Bluff, IA 51054									
INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system names already appear in space B. In line 2, give the mailing address of the system, if different from the address given									
Trained directly appear in opaco B. In this 2, give the maining address of the system, if direction from the address given	n in space B.								
System 1 IDENTIFICATION OF CABLE SYSTEM:									
MAILING ADDRESS OF CABLE SYSTEM:									
2 (Number, street, rural route, apartment, or suite number)									
(City, town, state, zip code)									
Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist	st on nage 1h								
Area with all communities.	st on page 1b								
Served CITY OR TOWN STATE									
First Salix IA									
Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G.									
CITY OR TOWN (SAMPLE) STATE CH LINE UP	SUB GRP#								
Sample Alda MD A	1								
Alliance MD B	2								
Gering MD B	3								

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61026 Northwest Iowa Telephone Co Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. **CH LINE UP** SUB GRP# CITY OR TOWN **STATE Salix** IA AA **First** IA 1 Sloan AA Community **Anthon** IA AA 1 Correctionville AA 1 IA **Danbury** IA AA 1 1 Whiting AA IA See instructions for Holstein IA AA 1 additional information on alphabetization. **Ida Grove** AA 1 IA 1 Soldier IA AA Ute IA AA 1 AA 1 **Mapleton** IA Add rows as necessary. Onawa AA 1 IA 1 **Blencoe** IA AA Moorhead IA AA 1 **Sergeant Bluff** AA 1 IA 2 **Jefferson** SD **AB Dakota Dunes** SD **AB** 2 2 **North Sioux City** SD **AB** 2 **AB** Storm Lake IA **South Sioux City** NE **AE** 5 Missouri Valley AC 3 IA AC 3 Logan IA Woodbine AC 3 IA Magnolia AC 3 IA **Orange City** IA AD

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Northwest Iowa Telephone Co

SYSTEM ID#

61026

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential: • Service to first set	3,467	\$ 136.95	Broadcast Starter	3,467	\$	24.95
Service to additional set(s)	603	\$ 15.00	Basic Plus	3,256	\$	112.00
 FM radio (if separate rate) 			Bulk	60	\$	320.42
Motel, hotel		180-3000				
Commercial	146					
Converter						
 Residential 	Boxes 1126	\$ 6.95				
Non-residential	DVR 771	\$ 16.95				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1						BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE		RATE		CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable			Motel, hotel	\$	29.95			
 Pay cable—add'l channel 			Commercial					
Fire protection			• Pay cable					
•Burglar protection			 Pay cable-add'l channel 					
Installation: Residential			Fire protection					
 First set 	\$	29.95	Burglar protection					
 Additional set(s) 			Other services:					
 FM radio (if separate rate) 			Reconnect	\$	29.95			
Converter			Disconnect					
			Outlet relocation					
			 Move to new address 					
						ľ		

FORM SA3E. PAGE 3.						·T
LEGAL NAME OF OWN					SYSTEM ID#	Namo
Northwest low	•				61026)
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
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 75.59(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 stations, see page (v) of the general instructions located in the paper SA3 form. • 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 disgination. 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 o						
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	e the name of t	he community wit	h which the station is identifed.	
Note: If you are utilizing	ig multiple cha	•	use a separate EL LINE-UP	•	n 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	
KTIV-NBC	65.1	N	No		Sioux City, Ia	
KTIV-D2 CW	65.2	N	No		Sioux City, Ia	See instructions for
КРТН CBS	44.3	N	No		Sioux City, Ia	additional information
KPTH Fox	68.3	N	No		Sioux City, Ia	on alphabetization.
KSIN PBS	0	E	No	•	Sioux City, Ia	
KCAU ABC	66.2	N N	No		Sioux City, Ia	
KTIV MeTV	65.3	I-M	No No		Sioux City, Ia	
KTIV Court TV	68.3	I-M	No		Sioux City, Ia	
KTIV Court IV	0	1-IVI I-M	No No		Sioux City, Ia	
KCALL off		I-M	No No		Sioux City, Ia	
KCAU Bauras	66.7	I-M	No		Sioux City, Ia	
KCAU Bounce 67.6 I-M No Sioux City, la						
KMEG Dabl 66.3 I-M No Sioux City, Ia						
KMEG Charge	66.4	I-M	No		Sioux City, la	
KMEG Comet	67.5	I-M	No		Sioux City, la	
KMEG Nest	65.7	I-M	No		Sioux City, la	
KPTH TBD	44.2	I-M —	No		Sioux City, la	
KSIN World	13.2	E	No	<u> </u>	Sioux City, Ia	<u> </u>

Northwest low PRIMARY TRANSMITT						
					SYSTEM ID#	Namo
PRIMARY TRANSMITT	a Telephone	÷ Co			61026	
	ERS: TELEVISION	NC				
In General: In space carried by your cable of the Column 4: If the spanning of the Column 5: If your cable spanning of a written agreement the cable system and tion "E" (exempt). For explanation of the set the cable system and tion "E" (exempt). For explanation of the cable system and tion "E" (exempt). For explanation of the cable system and tion "E" (exempt). For explanation of the cable system and tion "E" (exempt). For explanation of the cable system and tion "E" (exempt). For explanation of the cable system and tion "E" (exempt). For explanation of the cable the cable system and the ca	G, identify every system during the tions in effect of 6.61(e)(2) and (6.61(e)(2) and (6.61(e)	y television state accounting on June 24, 19 (4), or 76.63 (1) and in the next prespect to any ations, or authors, or authors, or authors, or authors, or authors, if the state accell, if the state accelled accelle	g period, except 81, permitting the referring to 76.6 paragraph. It is a pace I (the ation was carried tute basis station report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network and accounting period accounting period ause of lack of a seam that is not so annel 30, 2009, be sociation representation of the general or U.S. stations, we the name of the period to the seam that is not so annel 30, 2009, be sociation representation of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, be sociation representations and the seam that is not so annel 30, 2009, annel 30, 30, 30, 30, 30, 30, 30, 30, 30, 30,	(1) stations carried to carriage of cer 1(e)(2) and (4))]; as carried by your the Special Statem of both on a substans, see page (v) on program service er-the-air designation of the television stanington, D.C. This ork station, an indefer network multiper "E-M" (for noncotions located in the mplete column 5, and Indicate by error activated channel subject to a royalt etween a cable system of the community with the community wit	des". If not, enter "No". For an exee paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. by payment because it is the subject stem or an association representing ary transmitter, enter the designation the basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the h which the station is identifed.	Primary Transmitters: Television
			EL LINE-UP			<u> </u>
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KSIN Create	13.1	Е	No	(** = ** = ****************************		
KSIN Kids	13.3	E			Sioux City Ia	
		—	No		Sioux City, Ia Sioux City, Ia	See instructions for

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co 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. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CARRIAGE SIGN CHANNEL** OF (Yes or No) **NUMBER STATION** (If Distant) KTIV-NBC 65.1 Ν Sioux City, la KTIV-D2 CW 65.2 Ν Sioux City, la **KPTH CBS** 44.3 N Sioux City, la **KPTH Fox** 68.3 Ν Sioux City, la KUSD PBS 34 Ε Sioux Falls, SD N **KCAU ABC** 66.2 Sioux City, la KTIV MeTV 65.3 I-M Sioux City, la KTIV Court TV 68.3 I-M Sioux City, la 0 I-M KTIV Ion Sioux City, la KCAU Ion Myster 0 I-M Sioux City, la Sioux City, la KCAU Laff 66.7 I-M **KCAU Bounce** 67.6 I-M Sioux City, la **KMEG Dabl** 66.3 I-M Sioux City, la **KMEG Charge** 66.4 I-M Sioux City, la KMEG Comet 67.5 I-M Sioux City, la

Sioux City, la

Sioux City, la

Sioux City, la

KMEG Nest

KPTH TBD

KSIN World

65.7

44.2

13.2

I-M

I-M

Ε

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#				
Northwest low	a Telephon	e Co			61026	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable	system during t	he accountinເ	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G			
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and easies, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television			
 basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 									
 List the station here, and also in 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. 									
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example				
Column 2: Give th	se. For exampl	e, WRC is Ch	•		tion for broadcasting over-the-air in s may be different from the channel				
Column 3: Indicate educational station, by	e in each case y entering the le	whether the setter "N" (for n	etwork), "N-M" ((for network multi	ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast).				
For the meaning of the Column 4: If the signal planation of local serv	tation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-				
	the distant stati	on during the	accounting peri-	od. Indicate by er	stating the basis on which your itering "LAC" if your cable system capacity.				
of a written agreemen	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	ry payment because it is the subject restem or an association representing ary transmitter, enter the designa-				
tion "E" (exempt). For explanation of these the	simulcasts, als hree categories	o enter "E". If , see page (v	you carried the) of the general	channel on any cinstructions locate	other basis, enter "O." For a further ed in the paper SA3 form. ty to which the station is licensed by the				
	Canadian statio	ons, if any, giv	e the name of t	he community wit	h which the station is identifed.				
	_	CHANN	EL LINE-UP	AB					
1. CALL SIGN	2. B'CAST CHANNEL		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
KSIN Create	NUMBER 13.1	STATION E		(If Distant)	Sioux City, Ia				
	13.3	E							
KSIN Kids	13.3	<u> </u>			Sioux City, Ia				
			•	•					
]			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co 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. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant) WOWT NBC 22 Omaha, NE Ν Omaha, NE KPMT CW 0 Ν 45 N Omaha, NE KMTV CBS **KPTM Fox** 0 Ν Omaha, NE KSIN PBS 0 Ε Sioux City, la 0 N **KETV ABC** Omaha, NE KETV MeTV 0 I-M Omaha, NE KMTV Court TV 0 I-M Omaha, NE 0 I-M WOWT Ion Omaha, NE KMTV Ion Myster 0 I-M Omaha, NE **KMTV Laff** 0 Omaha, NE I-M **KPTM Comet** 43 I-M Omaha, NE **KSIN World** 13.2 Sioux City, la Ε Sioux City, la **KSIN Create** 13.1 Ε Ε KSIN Kids 13.3 Sioux City, la **KETV Defy** 0 Omaha, NE I-M **KETV Get TV** 0 I-M Omaha, NE

Omaha, NE

WOWT Cozi

0

I-M

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co 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. CHANNEL LINE-UP AC 4. DISTANT? 1. CALL 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant) WOWT H&I 0 Omaha, NE I-M WOWT Stat 0 I-M Omaha, NE **WOWT Circle** 0 I-M Omaha, NE KMTV Grit 0 Omaha, NE I-M 0 KPTM MyTV I-M Omaha, NE

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co 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. CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL CARRIAGE** OF (Yes or No) **NUMBER STATION** (If Distant) KTIV-NBC 65.1 Ν Sioux City, la KTIV-D2 CW 65.2 Ν Sioux City, la **KPTH CBS** 44.3 N Sioux City, la **KPTH Fox** 68.3 Ν Sioux City, la KSIN PBS 0 Ε Sioux City, la N KCAU ABC 66.2 Sioux City, la **KELO** Sioux Falls, SD 0 Ν KTIV MeTV 65.3 I-M Sioux City, la **KTIV Court TV** 68.3 I-M Sioux City, la KTIV Ion 0 I-M Sioux City, la KCAU Ion Myster 0 Sioux City, la I-M **KCAU Laff** 66.7 I-M Sioux City, la **KCAU Bounce** 67.6 I-M Sioux City, la Sioux City, la **KMEG Dabl** 66.3 I-M **KMEG Charge** 66.4 I-M Sioux City, la **KMEG Comet** 67.5 I-M Sioux City, la

Sioux City, la

Sioux City, la

KMEG Nest

KPTH TBD

65.7

44.2

I-M

I-M

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co 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. CHANNEL LINE-UP AD 4. DISTANT? 1. CALL 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION **CHANNEL** (Yes or No) **CARRIAGE** SIGN OF **NUMBER STATION** (If Distant) KSIN World 13.2 Ε Sioux City, la **KSIN Create** 13.1 Ε Sioux City, la KSIN Kids 13.3 Ε Sioux City, la

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Sioux City, la

Sioux City, la

Omaha, NE

KMEG Nest

KPTH TBD

KXNE World

65.7

44.2

0

I-M

I-M

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ACCOUNTING PERIOD: 2024-01 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D **LOCATION OF STATION KZSR** FM Dakota Dunes, SD

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2024-01

LEGAL NAME OF OWNER OF Northwest Iowa Telepi		ГЕМ:			;	SYSTEM ID# 61026	Name
SUBSTITUTE CARRIAGI	F: SPECIA	AL STATEME	NT AND PROGRAM I OO	3			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former F0	a distant stati CC rules, regu	ılations, or authorization	s. For a further	Substitute
1. SPECIAL STATEMEN	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant state	-	ır cable system	n carry, on a substitute bas	is, any nonne	etwork television progra		Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is	"Yes," you m	ust complete the progra	am	
In General: List each substiclear. If you need more spate Column 1: Give the title period, was broadcast by a under certain FCC rules, restanding titles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the more first. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, contion. Do not ucy" or "NE mas broad sign of the stadcast station addian station and day we "5/7." es when the Example: a ter "R" if the and regulation of the stand regulation of the state	am on a separa attach addition nnetwork televition and that your authorization of use general BA Basketball: deast live, entestation broadca on's location (tlons, if any, the when your system of the program carrolisted program ons in effect designation of the program ons in effect designation and the program on the program on the program on the program of the p	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Nesting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your ied by a system from 6:01:	orogram) that of for the program of the program of the program. It is the program of the program	ensed by the FCC or, in the numerals, with the mountains accurate 28:30 p.m. should be your system was requiretter "P" if the listed pro	ation er onth ely	
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE 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	
					_		
					<u> </u>		
					_		
					_		

ACCOUNTING PERIOD: 2024-01 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED CALL SIGN **CALL SIGN** HOURS HOURS DATE **FROM** TO DATE **FROM** TO

	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
No	rthwest Iowa Telephone Co	61026	Name
Inst all a (as	ructions: The figure you give in this space determines the form you fle and the amount younts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to cone (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	dary transmission service	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instru • Con • Con • If you fee • If you acco If pa	ctions: Use the blocks in this space L to determine the royalty fee you owe: replete block 1, showing your minimum fee. replete block 2, showing whether your system carried any distant television stations. Four system did not carry any distant television stations, leave block 3 blank. Enter the amount of the property	ts of the DSE Schedule	L Copyright Royalty Fee
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en	ntered on line 2 in block	
▶ If pa	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		
	This is your minimum fee.	\$ 28,559.31	
Block 2 Block 3	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and of the Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero 	1 4, you must check 1 2 complete line 1, block 4.	
	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 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 	\$ 28,559.31	Cable systems submitting additional
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 29,284.31	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID # 2.02408E+15		auditional lees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta	,	

ACCOUNTING PERIOD: 2024-01 FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Northwest Iowa Telephone Co	61026						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Chameis	1. Enter the total number of channels on which the cable system carried television broadcast stations							
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)							
Be Contacted for Further Information	her Name Paul Bergmann Telephone 712-271-4000							
	Address 504 4th Street (Number, street, rural route, apartment, or suite number)							
	Sergeant Bluff, IA 51054 (City, town, state, zip)							
	Email pbergmann@longlines.biz Fax (optional) 712-271-2727							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	1						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
	/s/Paul Bergmann							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.							
	Typed or printed name: /s/Paul Bergmann							
	Title: CFO (Title of official position held in corporation or partnership)							
	Date: February 8, 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#	Nama
Northwest Iowa Telephone Co	61026	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 additional lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	the basic tinclude sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.		Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary tra made by satellite carriers to satellite dish owners?	nsmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete.		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
· ·	erest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assist contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ance 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 O please list below the owner, address, first community served, accounting period, and ID number as given in 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 sufficiency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the 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

- 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, 198I, 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.

DSE SCHEDULE. PAGE 11.

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.

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

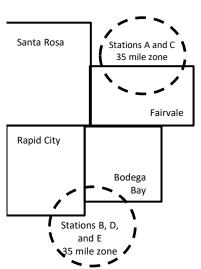
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



	Distant Stations Carried	t	Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
1	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

		φ0,304.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

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

ACCOUNTING PERIOD: 2024-01

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#			
I	Northwest Iowa Telepho	ne Co				61026			
	SUM OF DSEs OF CATEGOR		NS:						
	 Add the DSEs of each station Enter the sum here and in line 		s schadula		0.00				
		i oi pait 5 0i thi	s suituule.	ŀ	U.UU				
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5								
_	of space G (page 3).	n yır . nət the ca	ા અંધારું ભાવા વારાવામાં કાંચાઉં છે.	s identified by t	ne letter O III coluiiii 5				
Computation	In the column headed "DSE"			E as "1.0"; for	each network or noncom-				
of DSEs for	mercial educational station, giv	e the DSE as "		IC. DCF-					
Category "O" Stations	CALL SIGN	DSE	CATEGORY "O" STATION CALL SIGN	DSE DSES	CALL SIGN	DSE			
Otations	OALL GIOIV	DOL	OALL GIGIN	DOL	OALL GIGIT	DOL			
Add rows as									
necessary. Remember to copy									
all formula into new									
rows.									
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								

				4					

			=

Name		owa Telephone Co					S	48TEM ID# 61026
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	st the call sign of all distall: For each station, give to correspond with the information; For each station, give to the distribution of the station of the	he number of hours y mation given in spac he total number of ho umn 2 by the figure in mal point. This is the station, give the "type lumn 4 by the figure i	rour cable syster e J. Calculate or urs that the stati column 3, and g'basis of carriage-value" as "1.0."	m carried the state of the state of the state of the result in the result in the state of the result in the state of	ion during the accounting each station. er the air during the acco decimals in column 4. Thi	unting period. is figure must cational station, ess than the	
Capacity		C	ATEGORY LAC	STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS OF	IMBER HOURS ATION I AIR	4. BASIS OF CARRIAG VALUE		6. DS	E
			÷	=	=	X	=	
			÷			X	=	
			÷		<mark></mark>	X	=	
			÷			x x	=	
			÷			x	=	
			÷	=		x	=	
			÷	=		x	=	
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of p		,		0.00		
Computation of DSEs for Substitute-Basis Stations	• Was carried tions in effe • Broadcast of space I). Column 2: If at your option. Column 3: If Column 4: If	ct on October 19, 1976 (ine or more live, nonnetw For each station give the This figure should corres Enter the number of days Divide the figure in colum	itution for a program as shown by the letter ork programs during to number of live, non a spond with the inform in the calendar year an 2 by the figure in c	that your system or "P" in column of hat optional carri etwork programs ation in space I. : 365, except in a column 3, and giv	n was permitted to 7 of space I); and age (as shown by s carried in subst a leap year. we the result in co	o delete under FCC rules	of were deleted s than the third	m).
		SU	BSTITUTE-BASI	S STATION	S: COMPUTA	TION OF DSEs		
	1. CALL	2. NUMBER	3. NUMBER	4. DSE	1. CALL	2. NUMBER	3. NUMBER	4. DSE
	SIGN	OF	OF DAYS		SIGN	OF	OF DAYS	
		PROGRAMS	IN YEAR			PROGRAMS	IN YEAR	
		-				÷		=
						÷		=
		-	=			÷		=
		-	=			÷		=
		•	=			÷		=
	Add the DSEs	OF SUBSTITUTE-BAS lof each station. m here and in line 3 of p		,	▶	0.00		
5		R OF DSEs: Give the ams applicable to your systen		in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
Total Number	1. Number of	f DSEs from part 2 ●				•	0.00	
of DSEs		f DSEs from part 3 ●				•	0.00	
		f DSEs from part 4 ●			: •	·	0.00	
	TOTAL NUMBE	R OF DSEs				>		0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024-01

LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#	Namo
Northwest Iowa Telephone Co			61026	
 Instructions: Block A must be completed. In block A: If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank a schedule. If your answer if "No," complete blocks B and C below. 	nd complete par	t 8, (page 16) of th	e	6
BLOCK A: TELEVISION MARKETS				Computation of
Is the cable system located wholly outside of all major and smaller markets as defined under seffect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF No—Complete blocks B and C below.		CC rules and regul	lations in	3.75 Fee
BLOCK B: CARRIAGE OF PERMITTED D	SEs			
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedu under FCC rules and regulations prior to June 25, 1981. For further explant instructions for the DSE Schedule. (Note: The letter M below refers to an explant Satellite Television Extension and Localism Act of 2010.)	ation of permitte	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE Stations carried pursuant to the FCC market quota rules [76.57, 76.59(logonometrical educational station [76.59(c), 76.61(d), 76.63(a) referring Downward for DSE schedule). Enter the appropriate letter indicating the basis on which you carried a permitted in the properties of t	n June 24, 1981 b), 76.61(b)(c), 7 a) referring to 76 g to 76.61(d)] grandfathered st une 25, 1981	6.63(a) referring to 6.61(e)(1) ations in the		
Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the sched *(Note: For those stations identified by the letter "F" in column 2, you must this schedule to determine the DSE.)		orksheet on page 1	l4 of	
1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 3. DSE SIGN BASIS 3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
			0.00	
BLOCK C: COMPUTATION OF 3.75 FEE				
Line 1: Enter the total number of DSEs from part 5 of this schedule			-	
Line 2: Enter the sum of permitted DSEs from block B above				
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)	rate.		0.00	
Line 4: Enter gross receipts from space K (page 7)		x 0.03	375	Do any of the DSEs represent
Line 5: Multiply line 4 by 0.0375 and enter sum here				partially permited/ partially nonpermitted
Line 6: Enter total number of DSEs from line 3		X		carriage? If yes, see part 9 instructions.
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)			0.00	v manuchona.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co 61026											
BLOCK A: TELEVISION MARKETS (CONTINUED)											
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6		
									Computation of 3.75 Fee		
						•					

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II							YSTEM ID#		
Name	Northwest low	a Telephon	e Co							61026
Worksheet for Computating the DSE Schedule for Permitted 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. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections									
		DED. 4177					ID OLIDOTII			
	1. CALL SIGN	PERMITTE 2. PRIC DSE	OR 3. ACC	TIONS CARRIE COUNTING ERIOD	ED	ON A PART-TIME AN 4. BASIS OF CARRIAGE	5. PF	TUTE BASIS RESENT DSE	6. P	ERMITTED DSE
Computation of the Syndicated Exclusivity Surcharge	If your answer is	"Yes," comple "No," leave blo	te blocks B and C, ocks B and C bland BLOCk within a top 100 majo	A: MAJOR	TE	et as defned by section	ET 76.5 of FCC	rules in effect o	June 24,	1981?
	Yes—Complete	e Diocks B and	C .			No—Proceed to	part 8			
	BLOCK B: C	arriage of VHF	/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	3
	Is any station listed in commercial VHF stati or in part, over the ca	on that places	•			Was any station listed nity served by the cab to former FCC rule 76.	le system p	•	-	
	Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.								tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	n I	DSE
		_								
										2.55
	TOTAL DSEs 0.00					TOTAL DS	Es	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co 67	M ID# 1026	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	5.78	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	nputation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00 Sy	of the indicated
	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		clusivity urcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2024-01

Name			STEM ID#
		Northwest Iowa Telephone Co	61026
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	nections: nust 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. pock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. pur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. pur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	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 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

U.S. Copyright Office

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024-01

DOL 00.	LEGGLE. I FROE III.	
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nomo
North	iwest Iowa Telephone Co 61026	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
7	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of
	C. Multiply line B by 3.000 and enter here ▶\$	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
İ	(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	
	Dase Rate Fee U.UU	
shall ir	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-Space G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:	of Base Rate Fee
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. 2. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge
must a	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	for Partially Distant Stations, and
How to	o Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
-	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located at the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by me token, the station is distant to the subscriber.)	
subscr	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	n section:	
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	ibers in the group.	
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, 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, 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions e paper SA3 form.	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	

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

your actual calculations on the form.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	Northwest Iowa Telephone Co	61026
	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 Rat	Э
	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.	

E								
				TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GRO	UP	#		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA	1-Salix			COMMUNITY/ AREA	4 1-Sloan			Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv Surchar
								for
								Partially
								Distant
								Station
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s	6,934.70	Gross Receipts Sec	ond Group	\$	75,817.59	
	*F							
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	4 A no 4 lo							
	1-Anth	on		COMMUNITY/ ARE	A 1-Corre	ctionville		
CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	A 1-Corre	CALL SIGN	DSE	
CALL SIGN			DSE				DSE	
CALL SIGN			DSE				DSE	
CALL SIGN			DSE				DSE	
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CALL SIGN			DSE				DSE	
			DSE				DSE	
otal DSEs	DSE	CALL SIGN		CALL SIGN	DSE			
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G	DSE	CALL SIGN	0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
otal DSEs	DSE	CALL SIGN	0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
otal DSEs fross Receipts Third G	DSE	CALL SIGN	0.00	Total DSEs Gross Receipts Fou	DSE	CALL SIGN	0.00	
otal DSEs Gross Receipts Third G	Broup	s 5	0.00	Total DSEs Gross Receipts Fou	DSE The Group	CALL SIGN	0.00	

							61026	
E				ATE FEES FOR EACH				
		SUBSCRIBER GRO	שטר			SUBSCRIBER GROU	٦٢	9
COMMUNITY/ AREA	1-Danb	ury		COMMUNITY/ AREA	1-Whitir	ıy		Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		1						Base Rate
								and
		u—						Syndica
								Exclusi
								Surcha
								for
								Partial
								Distar
								Station
	<u></u>							
								
	-	-						
					<u></u>			
						•		
otal DSEs	-	•	0.00	Total DSEs		. ,	0.00	
ross Receipts First G	oup	\$ 3	33,018.38	Gross Receipts Secor	nd Group	\$	51,028.40	
							$\neg \neg $	
ase Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	OE) (E) :=::	OLIDOODIDEE OF			FIQ: :=: :	OLIDOODISES OSS		
		SUBSCRIBER GRO	JUP			SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	1-Sioux	k City		COMMUNITY/ AREA	1-Holste	ein		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	••••••••	····			····			
otal DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs			0.00	
	roup	\$ 4	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	0.00	
otal DSEs Gross Receipts Third G	Froup	\$ 4			n Group	\$		
	·	\$ 4	13,499.09			\$		
ross Receipts Third G	·		13,499.09	Gross Receipts Fourth		\$	13,527.32	
ross Receipts Third G	·		13,499.09	Gross Receipts Fourth		\$	13,527.32	
ase Rate Fee Third G	Group e base rat	\$ te fees for each subs	0.00	Gross Receipts Fourth	n Group	\$	13,527.32	

LEGAL NAME OF OWNE Northwest Iowa Te						SY	STEM ID# 61026	Name
В	LOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GRO	UP		TENTH	SUBSCRIBER GROUP	·	0
COMMUNITY/ AREA	1-Ida G	rove		COMMUNITY/ AREA	1-Soldie	e r		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u></u>					Syndicated
			<u></u>					Exclusivity Surcharge
			····					for
								Partially
								Distant
								Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 20	9,673.50	Gross Receipts Secon	d Group	\$ 1	2,025.28	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	1-Ute			COMMUNITY/ AREA	1-Maple	ton		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u> </u>					
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 1	9,040.03	Gross Receipts Fourth	Group	\$ 10	5,018.67	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			criber group	II as shown in the boxes a	bove.			
Enter here and in block	3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWNEF Northwest Iowa Te						SY	61026	Name
Bl	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRII	BER GROUP		
THIF		SUBSCRIBER GROU	IP	FOU		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	1-Onaw	'a		COMMUNITY/ AREA	1-Blenco)e		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN	DSL	Base Rate Fee
							· · · · · · · · · · · · · · · · · · ·	and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$ 201.	111.92	Gross Receipts Second	d Group	\$ 15	5,008.35	
·	•			·	•			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF		SUBSCRIBER GROU	P	t i		SUBSCRIBER GROUP		
COMMUNITY/ AREA	1-Moorl	head		COMMUNITY/ AREA	2-Sergea	ant Bluff		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 19,	040.03	Gross Receipts Fourth	Group	\$ 238	8,283.85	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE Northwest lowa To						S	YSTEM ID# 61026	Name
Е	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GROU	JP	EIC	GHTEENTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	2-Jeffe	rson SD		COMMUNITY/ AREA	2-Dakot	a Dunes SD		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
					<u> </u>			
	<u>"</u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roun	¢ 3 <i>1</i>	,307.11	Gross Receipts Secon	d Group	s 18	81,097.53	
Oross Necelpts First O	Юир	-	,507.11	Gross Neceipts Secon	u Group	ψ	31,037.33	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GROU	JP	T'	WENTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	2-South	n Sioux City NE		COMMUNITY/ AREA	2-North	Sioux City SD		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 255	,746.26	Gross Receipts Fourth	Group	\$ 1	19,787.70	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	II as shown in the boxes a	bove.	\$		

and and syndical syndic syndical syndical syndical syndical syndical syndical syndic	Northwest Iowa Te							61026	
CALL SIGN DSE CALL SIGN CALL					П			ID.	
Computa CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate CALL SIGN DSE CALL SIGN DSE Base Rate CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN				JUP	ti -			JP JP	g
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Syndical Exclusive Colar DSEs 0.00 Total DSEs 0.00 Sease Rate Fee First Group 5 468.676.93 Gross Receipts First Group 5 111,638.18 Sase Rate Fee First Group 5 0.00 Base Rate Fee Second Group 5 111,638.18 CALL SIGN DSE CALL S	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	-
Syndical Exclusion Outel DSEs									Base Rate
Exclusive Security Station Control DEEs									and
Surchar for Partial Distant Station Colail DSEs									Syndicat
otal DSEs cross Receipts First Group 3 468,676.93 Gross Receipts Second Group TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 3-Logan COMMUNITY/ AREA COMM									
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Distant Station Distan									
Station Sta									
Dotal DSEs OLOU DSES OLOU S A68,676.93 Gross Receipts First Group S OLOU DSES OLOU S A68,676.93 Gross Receipts Second Group S OLOU DSES OLOU S Base Rate Fee Second Group S OLOU DSES OLOU S TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA A-Woodbine CALL SIGN DSE CALL									
ase Rate Fee First Group \$ 468,676.93 Sross Receipts Second Group \$ 111,638.18 Base Rate Fee Second Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 3-Logan CALL SIGN DSE CALL SIGN									
ase Rate Fee First Group \$ 468,676.93 Sross Receipts Second Group \$ 111,638.18 Base Rate Fee Second Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 3-Logan CALL SIGN DSE CALL SIGN									
ase Rate Fee First Group Same Rate Fee First Group Same Rate Fee Second Group Same Rate Fee Fourth Group Same Rate Fee Second Group Same Rate Fee Fourth Group Same Rate Fee Fee Fourth Group Same Rate Fee Fourth Group Same Rate Fee Fee Fee Fee Fee Fee Fee Fee Fee F									
ase Rate Fee First Group Sample Sa									
ase Rate Fee First Group Same Rate Fee First Group Same Rate Fee Second Group Same Rate Fee Fourth Group Same Rate Fee Fee Fee Fee Fee Fee Fee Fee Fee F									
ase Rate Fee First Group Same				• • •					
ase Rate Fee First Group S	otal DSEs			0.00	Total DSEs			0.00	
TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 3-Logan CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIG	ross Receipts First G	roup	<u>\$</u> 46	8,676.93	Gross Receipts Secon	d Group	<u>\$</u> 1	11,638.18	
TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 3-Logan CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TOTAL DSES TOTAL DSES Gross Receipts Third Group \$ 51,353.56 Gross Receipts Fourth Group \$ 55,819.09 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
CALL SIGN DSE CA	ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
OMMUNITY/ AREA 3-Logan COMMUNITY/ AREA 4-Woodbine CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA	TAZENI	TV TI IIDD	OLIDOODIDED ODG	NID	TIA/EAIT	V FOLIDALI	CLIDCODIDED ODOL	ID.	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN				DUP)P	
otal DSEs	OMMUNITY/ AREA	3-LOGa	[[]		COMMUNITY AREA	4-VVOOOO	bine		
otal DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
siross Receipts Third Group \$ 51,353.56 Gross Receipts Fourth Group \$ 55,819.09 sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 sase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			-						
ross Receipts Third Group \$ 51,353.56 Gross Receipts Fourth Group \$ 55,819.09 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
ross Receipts Third Group \$ 51,353.56 Gross Receipts Fourth Group \$ 55,819.09 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
ross Receipts Third Group \$ 51,353.56 Gross Receipts Fourth Group \$ 55,819.09 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
ross Receipts Third Group \$ 51,353.56 Gross Receipts Fourth Group \$ 55,819.09 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
ross Receipts Third Group \$ 51,353.56 Gross Receipts Fourth Group \$ 55,819.09 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 51,353.56 Gross Receipts Fourth Group \$ 55,819.09 Sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 51,353.56 Gross Receipts Fourth Group \$ 55,819.09 Sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ross Receipts Third Group \$ 51,353.56 Gross Receipts Fourth Group \$ 55,819.09 ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	otal DSEa		П	0.00	Total DSEs			0.00	
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Fross Receipts Third C	Group	\$ 5	1,353.56	Gross Receipts Fourth	Group	\$	<u>55,819.09</u>	
sase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
	Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				scriber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Northwest Iowa Te						S	YSTEM ID# 61026	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GROU	JP	1		SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA	4-Magn	olia		COMMUNITY/ AREA	5-Orang	e City		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
	···					_		Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 4	,465.53	Gross Receipts Second	d Group	\$ 20	03,244.54	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-S	SEVENTH	SUBSCRIBER GROU	JP	TWENT	Y-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		

Northwest Iowa Te						Sì	STEM ID# 61026	Name
В				TE FEES FOR EACH				
	FIRST	SUBSCRIBER GROU	Р	<u> </u>	SECOND	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA	1-Salix			COMMUNITY/ AREA	1-Sloan			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 46,	934.70	Gross Receipts Second	d Group	\$ 7	75,817.59	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP	D	
COMMUNITY/ AREA	1-Antho	on		COMMUNITY/ AREA	1-Corre	ctionville		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
					<u> </u>			
					<u></u>			
					<u> </u>			
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 54,	109.29	Gross Receipts Fourth	Group	\$ 6	<u>80,872.95</u>	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes al	bove.	\$	0.00	

						Со	R OF CABLE	Northwest Iowa Te
				TE FEES FOR EACH				В
9	D	SUBSCRIBER GROUP			IP	SUBSCRIBER GROU		
		g	1-Whiting	COMMUNITY/ AREA		ury	1-Danb	COMMUNITY/ AREA
Computat	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	562	O, ILL OTOTA	302	O, LEE GIGIT	562	07.EE 01011	302	0/ LEE 0/0/1
and		_	-					
Syndicate								
Exclusiv								
Surcharg		_	-					
for			-					
Partially								
Distant								
Stations								
-								
"								
"								
"]								
	0.00			Total DSEs	0.00			otal DSEs
	51,028.40	\$ 5	d Group	Gross Receipts Second	,018.38	\$ 33,	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
4)	SUBSCRIBER GROUP	EIGHTH		IP	SUBSCRIBER GROU	SEVENTH	
		in	1-Holste	COMMUNITY/ AREA		City	1-Sioux	COMMUNITY/ AREA
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
 - 	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
- - -	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
- - - 	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
- - 	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
- - - - 	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
- - - 	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
- - - - 	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
- - - - 	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	
								CALL SIGN Cotal DSEs Gross Receipts Third G

LEGAL NAME OF OWNE Northwest Iowa To			•			S	YSTEM ID# 61026	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU	JP		TENTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	1-lda G	irove		COMMUNITY/ AREA	1-Soldie	r		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
						_		
							2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 209	,673.50	Gross Receipts Secon	d Group	\$	12,025.28	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	1-Ute			COMMUNITY/ AREA	1-Maple	ton		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Froun	\$ 19	,040.03	Gross Receipts Fourth	Group	\$ 1	0.00 05,018.67	
Cross Roosipis Hilla C	zi oup	, 13	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signal Accepts Fourth	σισαρ	<u>*</u>		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE Northwest Iowa T						S	61026	Name
				TE FEES FOR EAC				
		SUBSCRIBER GROU	JP	†		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	1-Onav	va		COMMUNITY/ AREA	1-Blenc	oe		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 201	,111.92	Gross Receipts Seco	nd Group	\$	15,008.35	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
F	IFTEENTH	SUBSCRIBER GROU	JP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 19	,040.03	Gross Receipts Fourt	th Group	\$ 2	238,283.85	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Northwest Iowa Te			-			Sì	STEM ID# 61026	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH SUBSCRIBER GROUP								
COMMUNITY/ AREA	MMUNITY/ AREA 2-Jefferson SD			COMMUNITY/ AREA	2-Dakota Dunes SD			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
T			0.00				0.00	
Total DSEs			Total DSEs					
Gross Receipts First G	roup	\$ 34,	,307.11	Gross Receipts Second Group \$ 181,097.53			31,097.53	
Base Rate Fee First Group \$ 0.00			Base Rate Fee Second Group \$ 0.00					
NII	NTEENTH	SUBSCRIBER GROU	IP	TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA	2-South	n Sioux City NE		COMMUNITY/ AREA 2-North Sioux City SD				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 255,746.26		Gross Receipts Fourth Group \$ 119,787.70						
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth Group \$ 0.00			0.00			
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes a	bove.	\$		

Name	STEM ID# 61026	SY						LEGAL NAME OF OWNER Northwest Iowa Te
				TE FEES FOR EACH				
9)	TWENTY-SECOND SUBSCRIBER GROUP			TWENTY-FIRST SUBSCRIBER GROUP			
Computation	3-Missouri Valley			COMMUNITY/ AREA		COMMUNITY/ AREA 2-Storm Lake IA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit								
Surcharge for							-	
Partially								
Distant								
Stations								
	0.00			Total DSEs	0.00			Total DSEs
	Gross Receipts Second Group \$ 111,638.18			676.93	\$ 468,	oup	Gross Receipts First Gr	
	Base Rate Fee Second Group \$ 0.00				Base Rate Fee First Group \$ 0.00			
)	SUBSCRIBER GROUF			Р	SUBSCRIBER GROU		
				TWENT	P		TY-THIRD 3-Logar	
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
	DSE				DSE			
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	COMMUNITY/ AREA
		oine	4-Woodb	COMMUNITY/ AREA		n	3-Logar	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	3-Logar DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNE Northwest Iowa Te			•			S	YSTEM ID# 61026	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	H SUBSCR	IBER GROUP		
TWEN	ITY-FIFTH	SUBSCRIBER GRO	UP	TWENTY-SIXTH SUBSCRIBER GROUP				0
COMMUNITY/ AREA 4-Magnolia				COMMUNITY/ AREA	9 Computation			
CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$ 4	,465.53	Gross Receipts Seco	Gross Receipts Second Group \$ 203,244.54			
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco				
TWENTY-	SEVENTH	SUBSCRIBER GRO	UP	TWEN	ITY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		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			criber group	as shown in the boxes a	above.	\$		