This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

### SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED AMOUNT				
8-29-24	\$ ALLOCATION NUMBER			

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2024/1			
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filling. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Hiawatha Broadband Communications, Inc.	ess of the cable syste on the last day of the cunting period.	m. ne accounting period should sub	
				061405 2024/1
	58 Johnson Street Winona, MN 55987			
С	INSTRUCTIONS: In line 1, give any business or trade names used to i names already appear in space B. In line 2, give the mailing address o	•		
System	inames already appear in space 6. In line 2, give the mailing address 0	ii trie system, ii dii	Terent from the address give	я іп ѕрасе в.
- Cyolom	1 HBC			
	MAILING ADDRESS OF CABLE SYSTEM:  58 Johnson Street (Number, street, rural route, apartment, or suite number) Winona, MN 55987 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the first com	nmunity served below and re	elist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	Winona	MN		
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alla	MD	A	1
	Alliance	MD	В	2
	Gering	MD	Б	3

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

#### SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 061405 Hiawatha Broadband Communications, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP CITY OR TOWN STATE SUB GRP# Winona MN 1ST COMM First St Charles MN G 2ND COMM Community Rollingstone MN G 3RD COMM G Lewiston **4TH COMM** MN G Stockton MN **5TH COMM** G Minneiska MN **6TH COMM** See instructions for Elba MN G **7TH COMM** additional information on alphabetization. Witoka MN Α 8TH COMM Altura G 9TH COMM MN Homer MN Α **10TH COMM** Α Wilson MN 11TH COMM Add rows as necessary Goodview Α 12TH COMM MN Ridgeway MN Α 13TH COMM Wabasha В MN 14TH COMM Plainview В MN 15TH COMM **Elgin** MN В 16TH COMM В Lake City MN 17TH COMM Kellogg В 18TH COMM MN С 19TH COMM **Red Wing** MN **Cannon Falls** MN C 20TH COMM **New Trier** D MN 21ST COMM Miesville D MN 22ND COMM Dover Ε MN 23RD COMM **Evota** MN Ε 24TH COMM Ε Chatfield MN 25TH COMM Lake Allie MN 26TH COMM

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 061405

# Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Hiawatha Broadband Communications, Inc.

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

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

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

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

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

BL	OCK 1			BLOCK 2				
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS R	ATE			
Residential:								
<ul> <li>Service to first set</li> </ul>	3,869	\$	67.72					
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel								
Commercial	267	\$	67.72					
Converter								
Residential								
Non-residential		ļ						
		······						

### F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	C/	ATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set		Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

LEGAL NAME OF OWN					0./0====	
l l					SYSTEM ID#	Name
Hiawatha Broa			ns, Inc.		061405	O
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	system during the cions in effect or 6.61(e)(2) and (e)sis, as explained stations: With	ne accounting n June 24, 198 4), or 76.63 (r d in the next p respect to any	period, except ( 31, permitting the eferring to 76.61 paragraph. distant stations	(1) stations carried e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
<ul> <li>basis under specific F</li> <li>Do not list the station</li> </ul>				e Special Stateme	ent and Program Log)—if the	
station was carried • List the station here, basis. For further ir	only on a subst and also in spa nformation conc	titute basis. ice I, if the sta	tion was carried	both on a substit	ute basis and also on some other f the general instructions located	
	ch station's call				s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
					n stream separately; for example	
WETA-simulcast).  Column 2: Give the	e channel numl	per the FCC h	as assigned to t	the television stati	on for broadcasting over-the-air in	
its community of licens on which your cable sy	se. For example ystem carried th	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	may be different from the channel pendent station, or a noncommercial	
educational station, by (for independent multi For the meaning of the <b>Column 4:</b> If the st	ventering the lecast), "E" (for no ese terms, see partition is outside	tter "N" (for ne oncommercial page (v) of the the local serv	etwork), "N-M" (f l educational), o e general instruc rice area, (i.e. "d	for network multic r "E-M" (for nonco ctions located in th listant"), enter "Ye	ast), "I" (for independent), "I-M" ommercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex-	
· ·	ave entered "Ye he distant statio	es" in column on during the a	4, you must con accounting perio	nplete column 5, s d. Indicate by ent	stating the basis on which your ering "LAC" if your cable system	
For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th	sion of a distant t entered into or a primary transr simulcasts, also nree categories,	multicast street n or before Jumitter or an as no enter "E". If y no see page (v)	eam that is not s ne 30, 2009, bet ssociation repres you carried the o of the general in	ubject to a royalty tween a cable sys senting the primal channel on any ot nstructions locate	payment because it is the subject tem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the	
	Canadian statio	ns, if any, give	e the name of th	e community with	which the station is identified.	
		CHANN	EL LINE-UP	A-Winona Ct		
1. CALL SIGN	2. B'CAST	3. TYPE	4 DIOTANITO		у	1
Ī	CHANNEL NUMBER	OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KTCADT	NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	6. LOCATION OF STATION	
KTCADT WLAXDT	NUMBER 2	OF STATION <b>E</b>	(Yes or No)	CARRIAGE	6. LOCATION OF STATION  ST PAUL MN	- - -
WLAXDT	NUMBER 2 25	OF STATION E N	(Yes or No)  Yes  No	CARRIAGE (If Distant)	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI	  See instructions for additional information
WLAXDT WCCODT	2 25 4	OF STATION E N	Yes No Yes	CARRIAGE (If Distant)	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN	
WLAXDT WCCODT WKBTDT	2 25 4 8	OF STATION E N N	Yes No Yes No Yes No	CARRIAGE (If Distant) E	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9	2 25 4 8 9.9	OF STATION E N N	Yes No Yes No Yes No Yes Yes	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT	2 25 4 8 9.9 10	OF STATION E N N I	Yes No Yes No Yes No Yes Yes Yes	CARRIAGE (If Distant) E	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT	2 25 4 8 9.9 10 19.1	OF STATION E N N I N	Yes No Yes No Yes No Yes No Yes No Yes No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT WKBTDT2	NUMBER  2 25 4 8 9.9 10 19.1 8.2	OF STATION E N N I N N	Yes or No) Yes No Yes No Yes No Yes No Yes No No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI  LACROSSE WI  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT WKBTDT2 WHLADT1	NUMBER  2 25 4 8 9.9 10 19.1 8.2 31.1	OF STATION E N N I N N N-M E-M	Yes or No) Yes No Yes No Yes No Yes No No No No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI  LACROSSE WI  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT WKBTDT2 WHLADT1 WHLADT3	NUMBER  2 25 4 8 9.9 10 19.1 8.2 31.1 31.3	OF STATION  E N N N I N N E-M E-M	Yes or No)  Yes  No  Yes  No  Yes  No  Yes  No  No  No  No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI  LACROSSE WI  LACROSSE WI  LACROSSE WI  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT WKBTDT2 WHLADT1 WHLADT3 WLAXDT2	NUMBER  2 25 4 8 9.9 10 19.1 8.2 31.1 31.3 25.2	OF STATION E N N I N N-M E-M E-M	Yes or No) Yes No Yes No Yes No Yes No No No No No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT WKBTDT2 WHLADT1 WHLADT3 WLAXDT2 WLAXDT3	NUMBER  2 25 4 8 9.9 10 19.1 8.2 31.1 31.3 25.2 25.3	OF STATION  E N N N I N N N E-M E-M N-M N-M	Yes or No) Yes No Yes No Yes No Yes No No No No No No No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT WKBTDT2 WHLADT1 WHLADT3 WLAXDT2 WLAXDT3 WLAXDT4	NUMBER  2 25 4 8 9.9 10 19.1 8.2 31.1 31.3 25.2 25.3 25.4	OF STATION E N N I N N-M E-M E-M N-M N-M	Yes or No) Yes No Yes No Yes No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT WKBTDT2 WHLADT1 WHLADT3 WLAXDT2 WLAXDT3	NUMBER  2 25 4 8 9.9 10 19.1 8.2 31.1 31.3 25.2 25.3	OF STATION  E N N N I N N N E-M E-M N-M N-M	Yes or No) Yes No Yes No Yes No Yes No No No No No No No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT WKBTDT2 WHLADT1 WHLADT3 WLAXDT2 WLAXDT3 WLAXDT4	NUMBER  2 25 4 8 9.9 10 19.1 8.2 31.1 31.3 25.2 25.3 25.4	OF STATION E N N I N N-M E-M E-M N-M N-M	Yes or No) Yes No Yes No Yes No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT WKBTDT2 WHLADT1 WHLADT3 WLAXDT2 WLAXDT3 WLAXDT4 WXOWDT3	NUMBER  2 25 4 8 9.9 10 19.1 8.2 31.1 31.3 25.2 25.3 25.4 19.3	OF STATION  E N N N I N N N N-M E-M N-M N-M N-M N-M N-M N-M N-M	Yes or No) Yes No Yes No Yes No Yes No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI  MINNEAPOLIS MN  LACROSSE WI  MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI	additional information
WLAXDT WCCODT WKBTDT KMSPDT9 KTTCDT WXOWDT WKBTDT2 WHLADT1 WHLADT3 WLAXDT2 WLAXDT3 WLAXDT4 WXOWDT3 WXOWDT4	NUMBER  2 25 4 8 9.9 10 19.1 8.2 31.1 31.3 25.2 25.3 25.4 19.3 19.4	OF STATION E N N N I N N-M E-M E-M N-M N-M N-M	Yes or No) Yes No Yes No Yes No	CARRIAGE (If Distant)  E  O	6. LOCATION OF STATION  ST PAUL MN  LACROSSE WI MINNEAPOLIS MN  LACROSSE WI MINNEAPOLIS MN  ROCHESTER MN  LACROSSE WI  LACROSSE WI	additional information

Television

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	M ID#
Hiawatha Broadband Communications, Inc. 06	61405 Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph	Primary Transmitters:

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

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

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

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

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

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

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

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

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

		CHANN	A-Winona Cty		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KTTCDT3	10.3	N-M	Yes	0	ROCHESTER MN
KTCIDT2	2.2	E-M	Yes	E	ST PAUL MN
KTCIDT3	2.3	E-M	Yes	E	ST PAUL MN
KTCADT4	2.4	Е-М	Yes	Е	ST PAUL MN
KSMQHD	15	E	Yes	Е	AUSTIN MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hiawatha Broadband Communications, Inc.

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	B-Wabasha Cty		
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	
KTCADT	2	Е	No		ST PAUL MN	
WCCODT	4	N	No		MINNEAPOLIS MN	
KSTPDT	5	N	No		MINNEAPOLIS MN	
WKBTDT	8	N	Yes	0	LACROSSE WI	
KMSPDT9	9.9	I	No		MINNEAPOLIS MN	
KTTCDT	10	N	Yes	0	ROCHESTER MN	
KAREDT	11	N	No		MINNEAPOLIS MN	
KSMQHD	15	E	Yes	E	AUSTIN MN	
WUCWDT	23	I	No		MINNEAPOLIS MN	
WFTCDT2	9.2	N	No		MINNEAPOLIS MN	
KSTCDT2	5.2	I	No		MINNEAPOLIS MN	
KAREDT2	11.2	N-M	No		MINNEAPOLIS MN	
KAREDT3	11.3	N-M	No		MINNEAPOLIS MN	
KAREDT4	11.4	N-M	No		MINNEAPOLIS MN	
KMSPDT4	9.4	I-M	No		MINNEAPOLIS MN	
KSTCDT3	5.3	I-M	No		MINNEAPOLIS MN	
KSTCDT4	5.4	I-M	No		MINNEAPOLIS MN	
KSTCDT6	5.6	I-M	No		MINNEAPOLIS MN	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hiawatha Broadband Communications, Inc.

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	B-Wabasha C <mark>ty</mark>		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KSTPDT7	5.7	N-M	No		MINNEAPOLIS MN	
KTCIDT2	2.2	E-M	No		ST PAUL MN	
KTCIDT3	2.3	E-M	No		ST PAUL MN	
KTCADT4	2.4	E-M	No		ST PAUL MN	
WCCODT2	4.1	N-M	No		MINNEAPOLIS MN	
WFTCDT2	9.2	N	No		MINNEAPOLIS MN	
WFTCDT3	9.3	N-M	No		MINNEAPOLIS MN	
WUCWDT2	23.2	I-M	No		MINNEAPOLIS MN	
WUCWDT3	23.3	I-M	No		MINNEAPOLIS MN	
WUCWDT4	23.4	I-M	No		MINNEAPOLIS MN	
WXOWDT	19.1	N	Yes	0	LACROSSE WI	
WHLATV	31	Е	Yes	E	LACROSSE WI	
WHLADT1	31.1	E-M	Yes	E	LACROSSE WI	
WHLADT3	31.3	E-M	Yes	Е	LACROSSE WI	

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CARLE SYSTEM: Name 061405 Hiawatha Broadband Communications. Inc.

#### PRIMARY TRANSMITTERS: TELEVISION

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 L 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			EL LINE-UP	C-Goodhue Cty		
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	
KTCADT	2	E	No		ST PAUL MN	
WCCODT	4	N	No		MINNEAPOLIS MN	
KSTPDT	5	N	No		MINNEAPOLIS MN	
KMSPDT9	9.9	I	No		MINNEAPOLIS MN	
KAREDT	11	N	No		MINNEAPOLIS MN	
WUCWDT	23	I	No		MINNEAPOLIS MN	
WFTCDT2	9.2	N	No		MINNEAPOLIS MN	
KSTCDT2	5.2	I	No		MINNEAPOLIS MN	
KAREDT2	11.2	N-M	No		MINNEAPOLIS MN	
KAREDT3	11.3	N-M	No		MINNEAPOLIS MN	
KAREDT4	11.4	N-M	No		MINNEAPOLIS MN	
KMSPDT4	9.4	I-M	No		MINNEAPOLIS MN	
KSTCDT4	5.4	I-M	No		MINNEAPOLIS MN	
KSTCDT3	5.3	I-M	No		MINNEAPOLIS MN	
KSTCDT6	5.6	I-M	No		MINNEAPOLIS MN	

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION		
Hiawatha Broadband Communications, Inc.	061405	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
101111011021111020		

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP				C-Goodhue Cty		
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	
KSTPDT7	5.7	N-M	No		MINNEAPOLIS MN	
KTCIDT2	2.2	E-M	No		ST PAUL MN	
KTCIDT3	2.3	E-M	No		ST PAUL MN	
KTCADT4	2.4	E-M	No		ST PAUL MN	
WCCODT2	4.1	N-M	No		MINNEAPOLIS MN	
WFTCDT3	9.3	N-M	No		MINNEAPOLIS MN	
WUCWDT2	23.2	I-M	No		MINNEAPOLIS MN	
WUCWDT3	23.3	I-M	No		MINNEAPOLIS MN	
WUCWDT4	23.4	I-M	No		MINNEAPOLIS MN	
KTTCDT	10	N	Yes	0	ROCHESTER MN	
WHLATV	31	Е	Yes	E	LACROSSE WI	
WHLADT1	31.1	E-M	Yes	E	LACROSSE WI	
WHLADT3	31.3	E-M	Yes	E	LACROSSE WI	
WKBTDT	8	N	Yes	0	LACROSSE WI	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hiawatha Broadband Communications, Inc.

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	D-Dakota Cty	
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
KTCADT	2	E	No		ST PAUL MN
WCCODT	4	N	No		MINNEAPOLIS MN
KSTPDT	5	N	No		MINNEAPOLIS MN
KMSPDT9	9.9	I	No		MINNEAPOLIS MN
KAREDT	11	N	No		MINNEAPOLIS MN
WUCWDT	23	I	No		MINNEAPOLIS MN
WFTCDT2	9.2	N	No		MINNEAPOLIS MN
KPXMDT	41	I	No		ST CLOUD MN
KSTCDT2	5.2	I	No		MINNEAPOLIS MN
KAREDT2	11.2	N-M	No		MINNEAPOLIS MN
KAREDT3	11.3	N-M	No		MINNEAPOLIS MN
KAREDT4	11.4	N-M	No		MINNEAPOLIS MN
KMSPDT4	9.4	I-M	No		MINNEAPOLIS MN
KSTCDT4	5.4	I-M	No		MINNEAPOLIS MN
KSTCDT3	5.3	I-M	No		MINNEAPOLIS MN
KSTCDT6	5.6	I-M	No		MINNEAPOLIS MN
KSTPDT7	5.7	N-M	No		MINNEAPOLIS MN

G

Primary Transmitters: Television

G

**Primary** 

Transmitters:

Television

ONIVIOASE, I AGE 9.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Hiawatha Broadband Communications, Inc.	061405	Name
PRIMARY TRANSMITTERS: TELEVISION		
FINIMANT TRANSMITTERS. TELEVISION		

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

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

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

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

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

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

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

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

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

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

		CHANN	D-Dakota Cty		
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
KTCIDT2	2.2	E-M	No		ST PAUL MN
KTCIDT3	2.3	E-M	No		ST PAUL MN
KTCADT4	2.4	E-M	No		ST PAUL MN
WCCODT2	4.1	N-M	No		MINNEAPOLIS MN
WFTCDT3	9.3	N-M	No		MINNEAPOLIS MN
WUCWDT2	23.2	I-M	No		MINNEAPOLIS MN
WUCWDT3	23.3	I-M	No		MINNEAPOLIS MN
WUCWDT4	23.4	I-M	No		MINNEAPOLIS MN

LEGAL NAME OF OWNER OF GARLE OVOTEM	SYSTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:		Name
Hiawatha Broadband Communications, Inc.	061405	

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	E-Olmstead (	Cty
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
KTCADT	2	Е	Yes	E	ST PAUL MN
KIMTDT	3	N	No		MASON CITY IA
WCCODT	4	N	Yes	0	MINNEAPOLIS MN
KAALDT	6	N	No		AUSTIN MN
KTTCDT	10	N	No		ROCHESTER MN
KSMQHD	15	Е	No		AUSTIN MN
KXLTDT	47	ı	No		ROCHESTER MN
KTTCDT2	10.2	N-M	No		ROCHESTER MN
KIMTDT2	3.2	N-M	No		MASON CITY IA
KAALDT2	6.2	N-M	No		AUSTIN MN
KTTCDT3	10.3	N-M	No		ROCHESTER MN
KTTCDT4	10.4	N-M	No		ROCHESTER MN
KTTCDT5	10.5	N-M	No		ROCHESTER MN
KXLTDT2	47.2	I-M	No		ROCHESTER MN
KXLTDT4	47.4	I-M	No		ROCHESTER MN
KXLTDT3	47.3	I-M	No		ROCHESTER MN
KXLTDT5	47.5	I-M	No		ROCHESTER MN
KIMTDT4	3.4	N-M	No		MASON CITY IA

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Hiawatha Broadband Communications, Inc.	061405	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television static carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under the carried only on the carried only only on the carried only on the carri	,	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried substitute program basis, as explained in the next paragraph.		Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute pr	ogram	Television

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

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

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

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

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the 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			EL LINE-UP	E-Olmstead C	ty
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KTCIDT2	2.2	E-M	Yes	E	ST PAUL MN
KTCIDT3	2.3	E-M	Yes	E	ST PAUL MN
KTCADT4	2.4	E-M	Yes	E	ST PAUL MN
WKBTDT	8	N	Yes	0	LACROSSE WI
KMSPDT9	9.9	I	Yes	0	MINNEAPOLIS MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hiawatha Broadband Communications, Inc.

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	F-Renville Cty	
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
KTCADT	2	Е	No		ST PAUL MN
WCCODT	4	N	No		MINNEAPOLIS MN
KSTPDT	5	N	No		MINNEAPOLIS MN
KMSPDT9	9.9	I	No		MINNEAPOLIS MN
KAREDT	11	N	No		MINNEAPOLIS MN
WUCWDT	23	I	No		MINNEAPOLIS MN
WFTCDT2	9.2	N	No		MINNEAPOLIS MN
KPXMDT	41	I	No		ST CLOUD MN
KSTCDT2	5.2	I	No		MINNEAPOLIS MN
KAREDT2	11.2	N-M	No		MINNEAPOLIS MN
KAREDT3	11.3	N-M	No		MINNEAPOLIS MN
KAREDT4	11.4	N-M	No		MINNEAPOLIS MN
KSTCDT4	5.4	I-M	No		MINNEAPOLIS MN
KSTCDT3	5.3	I-M	No		MINNEAPOLIS MN
KSTCDT6	5.6	I-M	No		MINNEAPOLIS MN
KTCIDT2	2.2	E-M	No		ST PAUL MN

G

Primary Transmitters: Television

TORWI GAGE, I AGE 5.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Hiawatha Broadband Communications, Inc.	061405	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station (accounting period, except (1) stations carried only on a part-time basis upon the carried only on the carried only only on the carried only only on the carried only on the carried only only on the carried only only only on the carried only only on the carried only only only on the carried only only only only only only only only	,	G

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

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

		CHANN	F-Renville Ct	у	
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
KTCIDT3	2.3	E-M	No		ST PAUL MN
KTCADT4	2.4	E-M	No		ST PAUL MN
WCCODT2	4.1	N-M	No		MINNEAPOLIS MN
WFTCDT3	9.3	N-M	No		MINNEAPOLIS MN
WUCWDT2	23.2	I-M	No		MINNEAPOLIS MN
WUCWDT3	23.3	I-M	No		MINNEAPOLIS MN
WUCWDT4	23.4	I-M	No		MINNEAPOLIS MN
	<del></del>				

Primary Transmitters: Television

G

**Primary** 

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Hiawatha Broadband Communications, Inc.	061405	Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP				G-Winona Co	unty Rural
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
KTCADT	2	Е	Yes	E	ST PAUL MN
WLAXDT	25	N	No		LACROSSE WI
WKBTDT	8	N	No		LACROSSE WI
KTTCDT	10	N	Yes	0	ROCHESTER MN
WXOWDT	19.1	N	No		LACROSSE WI
WKBTDT2	8.2	N-M	No		LACROSSE WI
WHLADT1	31.1	E-M	No		LACROSSE WI
WHLADT3	31.3	E-M	No		LACROSSE WI
WLAXDT2	25.2	N-M	No		LACROSSE WI
WLAXDT3	25.3	N-M	No		LACROSSE WI
WLAXDT4	25.4	N-M	No		LACROSSE WI
WXOWDT3	19.3	N-M	No		LACROSSE WI
WXOWDT4	19.4	N-M	No		LACROSSE WI
WXOWDT5	19.5	N-M	No		LACROSSE WI
WEAUDT3	13.3	N-M	No		LACROSSE WI
WECXDT	14	N	No		EAU CLAIRE WI
KTTCDT3	10.3	N-M	Yes	0	ROCHESTER MN
KTCIDT2	2.2	E-M	Yes	E	ST PAUL MN

FORM SA3E. PAGE 3.					Accoont	MG FEMOD: 2024/1	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Hiawatha Broad	dband Com	munication	ns, Inc.		061405		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s	ystem during th	ne accounting	period, except (	(1) stations carried	and low power television stations) only on a part-time basis under in network programs [sections	G	
•				•	nd (2) certain stations carried on a	Primary	
	Stations: With	respect to any	distant stations	carried by your ca	able system on a substitute program	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, a basis. For further in in the paper SA3 for	and also in spa formation conc rm.	ce I, if the sta erning substit	ute basis statior	ns, see page (v) of	te basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify		
		-			on. For example, report multi-		
	-2". Simulcast	streams must	be reported in o	column 1 (list each	stream separately; for example		
WETA-simulcast).  Column 2: Give the	e channel numb	er the FCC h	as assigned to t	he television station	on for broadcasting over-the-air in		
its community of licens	e. For example	, WRC is Cha	-		may be different from the channel		
on which your cable sy Column 3: Indicate			ation is a networ	rk station, an inder	pendent station, or a noncommercial		
					ust), "I" (for independent), "I-M"		
(for independent multic For the meaning of the	, ,		,	•	mmercial educational multicast).		
					s". If not, enter "No". For an ex-		
planation of local service					paper SA3 form. tating the basis on which your		
					ering the basis on which your		
carried the distant stati	on on a part-tir	ne basis beca	use of lack of a	ctivated channel c	apacity.		
					payment because it is the subject em or an association representing		
the cable system and a	a primary transr	mitter or an as	ssociation repres	senting the primary	transmitter, enter the designa-		
, , ,			•	•	er basis, enter "O." For a further I in the paper SA3 form.		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations, I	ist the community	to which the station is licensed by the		
					which the station is identifed.		
Note: If you are utilizin	g multiple char	• •	•		•		
	T	CHANN	EL LINE-UP	G-Winona Co	unty Rural		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
L/TOIDTO	NUMBER	STATION		(If Distant)	07 DAIII 101		
KTCIDT3	2.3	E-M	Yes	E	ST PAUL MN		
KTCADT4	2.4	E-M	Yes	E	ST PAUL MN		
KSMQHD	15	ΕΕ	Yes	E	AUSTIN MN		
		<u></u>					
		Ī			į		

FORM SA3E. PAGE 3.		0.7514			CVCTEM ID#	
Hiawatha Broa			ns, Inc.		SYSTEM ID# 061405	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the system during the system during the system of the syst	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except ( 31, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa I(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further ir in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servic Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the	CC rules, regular here in space only on a substand also in spanformation concurred. The station's call associated with the in each case we entering the left cast), "E" (for no ese terms, see pation is outside ce area, see pation on a part-tirision of a distant the entered into or a primary transr simulcasts, also aree categories, also aree categories, also and a substant statical centered into or a primary transr simulcasts, also aree categories, also and a substant statical centered into or a primary transr simulcasts, also aree categories, also and a substant aree categories, also and a substant statical centered into or a primary transr simulcasts, also aree categories, also and a substant aree categories, also and also and also are also and also area.	ations, or auth G—but do list itute basis. ce I, if the sta erning substit sign. Do not read a station accepte a station accepte a station. The station accepte a station are stationary as a station and uning the stationary accepted a stationary accepted	orizations: it in space I (the tion was carried ute basis station eport origination cording to its ove be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (f educational), or e general instruction accounting perion accounting perion carried the c and 30, 2009, bet association repres eyou carried the c of the general in	both on a substitus, see page (v) or a program services er-the-air designaticolumn 1 (list each the television statifington, D.C. This rk station, an indefor network multicar "E-M" (for noncotions located in the inplete column 5, s d. Indicate by entertivated channel or ubject to a royalty tween a cable systemting the primarchannel on any other tructions located in the inplete column 5, s d. Indicate by entertivated channel or any although the primarchannel on any other tructions located in the primarchannel on any other tructions located instructions located instructin	ent and Program Log)—if the  Lute basis and also on some other if the general instructions located  as such as HBO, ESPN, etc. Identify ion. For example, report multi- in stream separately; for example  con for broadcasting over-the-air in imay be different from the channel in pendent station, or a noncommercial cast), "I" (for independent), "I-M" immercial educational multicast). It is paper SA3 form. In it is in ot, enter "No". For an expaper SA3 form. It is it.  List ing the basis on which your cering "LAC" if your cable system	
	Canadian statio	ns, if any, givennel line-ups,	e the name of th	e community with	which the station is identifed.	
			<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	

FORM SA3E. PAGE 3.		0.7514			CVCTEM ID#	
Hiawatha Broad			ns, Inc.		SYSTEM ID# 061405	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or 6.61(e)(2) and (6.65), as explained	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except ( 31, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa I(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th	CC rules, regular here in space only on a substand also in spate formation concern. In the station's call associated with associated with associated with associated with a channel number. For example stem carried the in each case wentering the left each, "E" (for not see terms, see pation is outside the carea, see pation is outside the distant station on a part-tirion of a distant entered into or a primary transr simulcasts, also ree categories,	ations, or auth G—but do list itute basis. ce I, if the sta erning substit sign. Do not read a station accepte a station accepte a station. The station accepte a station are stationary as a station and uning the stationary accepted a stationary accepted	orizations: it in space I (the tion was carried ute basis station eport origination cording to its ove be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (f educational), or e general instruction accounting perion accounting perion carried the c and 30, 2009, bet association repres eyou carried the c of the general in	both on a substitus, see page (v) or a program services er-the-air designaticolumn 1 (list each the television statifington, D.C. This rk station, an indefor network multicar "E-M" (for noncotions located in the inplete column 5, s d. Indicate by entertivated channel or ubject to a royalty tween a cable systemting the primarchannel on any other tructions located in the inplete column 5, s d. Indicate by entertivated channel or any although the primarchannel on any other tructions located in the primarchannel on any other tructions located instructions located instructin	ent and Program Log)—if the  ute basis and also on some other if the general instructions located  is such as HBO, ESPN, etc. Identify ion. For example, report multi- in stream separately; for example  on for broadcasting over-the-air in imay be different from the channel  pendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). ie paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system impacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- mer basis, enter "O." For a further d in the paper SA3 form.	
	Canadian statio	ns, if any, give	e the name of th	e community with	to which the station is licensed by the which the station is identifed. 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	

FURM SA3E. PAGE 3.					CVCTEM ID#	
Hiawatha Broad			ıs, Inc.		SYSTEM ID# 061405	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or .61(e)(2) and (sis, as explaine	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except ( 31, permitting the eferring to 76.61 paragraph.	1) stations carried e carriage of certa I(e)(2) and (4))]; a	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a able system on a substitute program	G  Primary  Transmitters:  Television
basis under specifc FC  Do not list the station station was carried List the station here, a basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	C rules, regular here in space only on a substand also in spatformation concurr.  In station's call associated with associated with associated with associated with associated with a channel number. For example stem carried the in each case wentering the least), "E" (for not se terms, see pation is outside the carea, see pation of a distant entered into or a part-tirion of a distant entered into or a primary transistimulcasts, also ree categories, a location of each canadian statio	tions, or auth G—but do list itute basis. ce I, if the sta erning substit sign. Do not reason a streams must be the FCC has, WRC is Chae estation. Whether the stater "N" (for neason accommercial bage (v) of the ges" in column and using the amount of the local server in column the local serv	orizations: it in space I (the tion was carried ute basis station eport origination cording to its ove be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (f educational), or e general instruction decemeral instruction 4, you must con accounting perion use of lack of accounting perion use of lack of accounting perion use of lack of accounting perion counting perion counting perion use of lack of accounting perion use of lack of accounting perion counting perion counting perion use of lack of accounting perion counting perion counting perion use of lack of accounting perion counting perion counting perion use of lack of accounting perion counting p	both on a substitus, see page (v) of a program services er-the-air designaticolumn 1 (list each the television staticington, D.C. This rek station, an inderfor network multicar "E-M" (for noncotions located in the instant"), enter "Yes on located in the nplete column 5, s d. Indicate by entertivated channel crubject to a royalty tween a cable systisenting the primary channel on any other structions located ist the community with	Int and Program Log)—if the stee basis and also on some other the general instructions located as such as HBO, ESPN, etc. Identify on. For example, report multistream separately; for example on for broadcasting over-the-air in may be different from the channel opendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form.  Some station is not which your sering "LAC" if your cable system apacity. The paper shade it is the subject error an association representing the transmitter, enter the designation of the paper SA3 form.  If in the station is licensed by the which the station is identifed.	Television
		CHANN	EL LINE-UP	AQ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

				evetem ID#	I		
		ns, Inc.		061405	Name		
RS: TELEVISIO	N						
ystem during the cons in effect or 61(e)(2) and (4) is, as explained	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except ( 81, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa 1(e)(2) and (4))]; a	l only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:		
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 specife 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). For the meaning of these terms, 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 dis							
	CHANN	EL LINE-UP	AR				
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	RS: TELEVISION, identify every stem during the property of the	RS: TELEVISION  i, identify every television starts are during the accounting one in effect on June 24, 196 (61(e)(2) and (4), or 76.63 (ris, as explained in the next particular trations: With respect to any C rules, regulations, or authories in space G—but do list only on a substitute basis. and also in space I, if the startion concerning substitute in the station concerning substitute. In station's call sign. Do not reasociated with a station accept. Simulcast streams must be channel number the FCC in the stem carried the station. In each case whether the station active accepts are page (v) of the stem carried the letter "N" (for no ast), "E" (for noncommercial set errms, see page (v) of the stem carried the local service area, see page (v) of the stem on a part-time basis because on of a distant multicast streentered into on or before Juprimary transmitter or an ast imulcasts, also enter "E". If see categories, see page (v) of undicasts, also enter "E". If see categories, see page (v) of multiple channel line-ups, CHANNEL  2. B'CAST  CHANNEL  OF	Aband Communications, Inc.  RS: TELEVISION  In identify every television station (including the vistem during the accounting period, except (consin effect on June 24, 1981, permitting the 61(e)(2) and (4), or 76.63 (referring to 76.65) is, as explained in the next paragraph.  Itations: With respect to any distant stations: Corules, regulations, or authorizations: here in space G—but do list it in space I (the only on a substitute basis.  In and also in space I, if the station was carried formation concerning substitute basis station was carried formation concerning substitute basis station associated with a station according to its over 12°. Simulcast streams must be reported in content of the content of the station.  In each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case page (v)) of the general instruction is outside the local service area, (i.e. "Content of a distant multicast stream that is not sentered into on or before June 30, 2009, being primary transmitter or an association represimulcasts, also enter "E". If you carried the entered into on or before June 30, 2009, being primary transmitter or an association represimulcasts, also enter "E". If you carried the entered into one of each station. For U.S. stations, I anadian stations, if any, give the name of the ground of each station. For U.S. stations, I anadian stations, if any, give the name of the ground of each station. For U.S. stations, I anadian stations, if any, give the name of the ground of each station.	Alband Communications, Inc.  RS: TELEVISION  I, identify every television station (including translator stations statem during the accounting period, except (1) stations carried ons in effect on June 24, 1981, permitting the carriage of certa 61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; a sis, as explained in the next paragraph.  Itations: With respect to any distant stations carried by your carried or representations: With respect to any distant stations carried by your carried in space G—but do list it in space I (the Special Stateme only on a substitute basis.  In also in space I, if the station was carried both on a substitute formation concerning substitute basis stations, see page (v) of m.  In station's call sign. Do not report origination program services associated with a station according to its over-the-air designative. Simulcast streams must be reported in column 1 (list each cannot be compared to the television station and the column 1 (list each cannot be compared to the station.  In each case whether the station is a network station, an independent of the station.  In each case whether the station is a network station, an independent in the station is outside the local service area, (i.e. "distant"), enter "Ye are area, see page (v) of the general instructions located in the step in soutside the local service area, (i.e. "distant"), enter "Ye are area, see page (v) of the general instructions located in the step on on a part-time basis because of lack of activated channel con of a distant multicast stream that is not subject to a royalty entered "Yes" in column 4, you must complete column 5, see distant station during the accounting period. Indicate by entered entered "Yes" in column 4, you must complete column 5, see distant station on or before June 30, 2009, between a cable syst primary transmitter or an association representing the primary imulcasts, also enter "E". If you carried the channel on any of the categories, see page (v) of the general instructions located in the	Action Communications, Inc.  RS: TELEVISION  I, identify every television station (including translator stations and low power television stations) stem during the accounting period, except (1) stations carried only on a part-time basis under ones in effect on June 24, 1981, permitting the carriage of certain network programs [sections of 1(e)(2) and (4)), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a is, as explained in the next paragraph.  tations: With respect to any distant stations carried by your cable system on a substitute program to rules, regulations, or authorizations:  here in space G—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis.  In a station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-2°. Simulcast streams must be reported in column 1 (list each stream separately; for example channel number the FCC has assigned to the television station for broadcasting over-the-air in e. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel stem carried the station.  In each case whether the station is a network station, an independent station, or a noncommercial entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" ast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), see terms, see page (v) of the general instructions located in the paper SA3 form.  It is a part-time basis because of lack of activated channel capacity, on of a distant multicast stream that is not subject to a royalty payment because it is the subject entered into on or before June 30, 2009, between a cable system or an association representing primary transmitter, enter the designal mulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further rece categories, s		

FORM SA3E, PAGE 3.					OVOTEM ID "	
Hiawatha Broa			ns, Inc.		SYSTEM ID# 061405	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the ions in effect or 6.61(e)(2) and (sis, as explaine	ne accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except (81, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) I only on a part-time basis under iin network programs [sections nd (2) certain stations carried on a able system on a substitute program	G  Primary  Transmitters:  Television
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further ir in the paper SA3 fc  Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast).  Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	CC rules, regular here in space only on a substand also in spanformation concurrs. The station's call associated with A-2". Simulcast e channel numbers. For example ystem carried their in each case were entered "Ye entering the le cast), "E" (for no ese terms, see parave entered "Ye icion on a part-tirision of a distant static icion on a part-tirision of a distant at entered into or a primary transisimulcasts, also ince categories, also ince on a substant static ince categories, also incere categories and also incere categories, also incered incere categories, also incered incere	ations, or auth G—but do list itute basis. Ice I, if the staterning substitute basis. Ice I, if the staterning substitute basis bear the FCC has whether the station. It is station in commercial basis became basis became basis became basis became the station of	orizations: tit in space I (the tition was carried tute basis station report origination reported in cording to its over the bereported in cording to its over the sassigned to to the sassigned to the sassigne	e Special Statemer  I both on a substitute, see page (v) of a program services of the television station of the television of television of the television of television of the television of	Int and Program Log)—if the stee basis and also on some other the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multinateram separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system	Television
Note: If you are utilizing		nnel line-ups,	use a separate s	space G for each	which the station is identifed. channel line-up.	
	<del>                                     </del>	CHANN	EL LINE-UP	AS		
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	

FURM SA3E. PAGE 3.					OVOTEM ID "		
Hiawatha Broad			ıs, Inc.		SYSTEM ID# 061405	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76	ystem during the ons in effect or .61(e)(2) and (4	ne accounting n June 24, 198 4), or 76.63 (r	period, except ( 81, permitting the referring to 76.61	1) stations carried e carriage of certa	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	<b>G</b> Primary Transmitters:	
substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, area, epaper instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must							
		CHANN	EL LINE-UP	AT			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURM SA3E. PAGE 3.		0.7514			CVCTEM ID#	
Hiawatha Broa			ns, Inc.		SYSTEM ID# 061405	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the system during the system during the system of the syst	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except ( 31, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa I(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further ir in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servic Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the	CC rules, regular here in space only on a substand also in spanformation concurred. The station's call associated with the in each case we entering the left cast), "E" (for no ese terms, see pation is outside ce area, see pation on a part-tirision of a distant the entered into or a primary transr simulcasts, also aree categories, also aree categories, also and a substant statical centered into or a primary transr simulcasts, also aree categories, also and a substant statical centered into or a primary transr simulcasts, also aree categories, also and a substant aree categories, also and a substant statical centered into or a primary transr simulcasts, also aree categories, also and a substant aree categories, also and also and also are also and also area.	ations, or auth G—but do list itute basis. ce I, if the sta erning substit sign. Do not read a station accepte a station accepte a station. The station accepte a station are stationary as a station and uning the stationary accepted a stationary accepted	orizations: it in space I (the tion was carried ute basis station eport origination cording to its ove be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (f educational), or e general instruction accounting perion accounting perion carried the c and 30, 2009, bet association repres eyou carried the c of the general in	both on a substitus, see page (v) or a program services er-the-air designaticolumn 1 (list each the television statifington, D.C. This rk station, an indefor network multicar "E-M" (for noncotions located in the inplete column 5, s d. Indicate by entertivated channel or ubject to a royalty tween a cable systemting the primarchannel on any other tructions located in the inplete column 5, s d. Indicate by entertivated channel or any although the primarchannel on any other tructions located in the primarchannel on any other tructions located instructions located instructin	ent and Program Log)—if the  Lute basis and also on some other if the general instructions located  as such as HBO, ESPN, etc. Identify ion. For example, report multi- in stream separately; for example  con for broadcasting over-the-air in imay be different from the channel in pendent station, or a noncommercial cast), "I" (for independent), "I-M" immercial educational multicast). It is paper SA3 form. In it is in ot, enter "No". For an expaper SA3 form. It is it.  List ing the basis on which your cering "LAC" if your cable system	
	Canadian statio	ns, if any, give	e the name of th use a separate s	e community with	which the station is identifed.	
			EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Hiawatha Broad	dband Comi	munication	ıs, Inc.		061405	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife 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), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational) or "E"								
Note: If you are utilizin	g multiple chan		<u> </u>	•	nannei iine-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			
	<u> </u>	<u></u>						
		<b></b>						
		<u></u>						
		<u></u>						

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Hiawatha Broad	dband Com	munication	ıs, Inc.		061405			
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for ind								
	-				· ·			
of a written agreement	entered into or	or before Ju	ne 30, 2009, bet	ween a cable syst	em or an association representing			
tion "E" (exempt). For s	simulcasts, also	enter "E". If	you carried the o	channel on any oth	v transmitter, enter the designa- er basis, enter "O." For a further			
					in the paper SA3 form. to which the station is licensed by the			
FCC. For Mexican or C	Canadian statio	ns, if any, give	the name of the	e community with	which the station is identifed.			
Note: If you are utilizin	g multiple char	inel line-ups,	use a separate s	space G for each o	channel line-up.			
	•	CHANN	EL LINE-UP	AW				
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			

ACCOUNTING PERIOD: 2024/1

FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 061405 Hiawatha Broadband Communications, Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN LOCATION OF STATION AM or FM S/D AM or FM S/D

FURM SAJE. PAGE 5.						ACCOUNTING	3 PERIOD: 2024/1
LEGAL NAME OF OWNER OF Hiawatha Broadband C						SYSTEM ID# 061405	Namo
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG				
In General: In space I, identi substitute basis during the ac explanation of the programm  1. SPECIAL STATEMENT	ccounting pe ing that mus CONCER	riod, under spect t be included in NING SUBST	cific present and former FC0 this log, see page (v) of the TTUTE CARRIAGE	C rules, regula general instr	ations, or authorizat uctions located in t	tions. For a further the paper SA3 form.	Substitute Carriage: Special
During the accounting per broadcast by a distant stat     Note: If your answer is "No	ion?	-	-	-		Yes XNo	Statement and Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE m was broad sign of the s adcast static atth and day ye "5/7." es when the Example: a er "R" if the and regulatio ogramming	m on a separa attach addition and that your authorizations to use general of the seat at live, enter station broades in soil of the seat at live, enter station broades in soil of the seat at live, the seat at live, the seat at live, and the seat at live at liv	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the geneategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:  was substituted for programing the accounting period	orogram) that of for the program of the program of the program. Use the program of the program o	, during the accou gramming of anoth ons located in the . List specific pro- ensed by the FCC ntified). e numerals, with to . List the times ac 28:30 p.m. should your system was a tter "P" if the listed	unting her station paper gram  Cor, in he month ccurately I be required d pro	
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE	T. REASON	-
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	FOR DELETION TO	
					_		
							1

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

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405										
	PART-TIME CA											
J Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.  Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.  Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."  State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."  You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."											
			DATES	S AND HOURS	OF F	ART-TIME CAF	RRIAGE					
		WHE	N CARRIAGE OCCL	JRRED		CALL SIGN	WHE	N CARRIAGE OC	CCUF	RRED		
	CALL SIGN		HOUF	HOURS			HOURS			S		
		DATE	FROM	TO			DATE	FROM	_	ТО		
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	NL NAME OF OWNER OF CABLE SYSTEM:  watha Broadband Communications, Inc.	SYSTEM ID# 061405	Name		
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.					
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 1,704,988.16 (Amount of gross receipts)			
• Com • Com • If yo fee 1 • If yo acco	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amo from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parts ompanying this form and attach the schedule to your statement of account. urt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 6 k 3 below.	s of the DSE Schedule	Copyright Royalty Fee		
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ent low.	tered on line 2 in block			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered on line			
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more at least the minimum fee, regardless of whether they carried any distant stations. This fee is 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.	\$ 18,141.07			
2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identified 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 X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and column the part 8, section 3 or	n 4, you must check			
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero.  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.	30,330.73			
	Line 3. Add lines 1 and 2 and enter here.	\$ 56,615.93			
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 zero.	\$ 56,615.93	Cable systems submitting additional deposits under		
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing		
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 57,340.93	appropriate form for submitting the additional fees.		
	EFT Trace # or TRANSACTION ID # 248RD2437EJ22R27		additional lees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form and the Excel instructions tab	. • ()			

ACCOUNTING PERIOD: 2024/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Hiawatha Broadband Communications, Inc.	SYSTEM ID# 061405				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations					
	2. Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	!				
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)					
for Further Information	Name Manuel de Angel Telephone (507)474-58					
	Address 58 Johnson Street (Number, street, rural route, apartment, or suite number)  Winona, MN 55987 (City, town, state, zip)					
	Email mdeangel@exchange.hbci.com Fax (optional)					
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)					
Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or					
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identific in line 1 of space B and that the owner is not a corporation or partnership; or	ed				
	(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 s in line 1 of space B.	system				
	<ul> <li>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)]</li> </ul>					
	/s/ Manuel de Angel					
	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 to button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.	the "F2"				
	Typed or printed name: Manuel de Angel					
	Title: V.P., Finance and Accounting  (Title of official position held in corporation or partnership)					
	Date: August 26, 2024					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Hiawatha Broadband Communications, Inc.	061405	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic oclude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA3 form.	s in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary trans made by satellite carriers to satellite dish owners?	missions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name 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 unde For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	rpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
×		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L (page 7)	-	
(inter	est charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistan contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	nce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offi please list below the owner, address, first community served, accounting period, and ID number as given in the		
Owner		
Address		
First community served		
Accounting period  ID number		

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

ACCOUNTING PERIOD: 2024/1

DSE SCHEDULE. PAGE 10.

## INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

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

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

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum

1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

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

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

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

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

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

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

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

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

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

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

### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
   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:

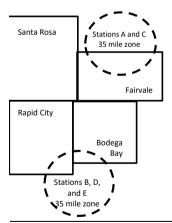
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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		Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600.000.00

Minimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	\$6.384.00

•		Second Subscriber Group (Rapid City and Bodega Bay)		Third Subscriber Group (Fairvale)	
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: 2024/1** 

4	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#							
1								
	SUM OF DSEs OF CATEGOR	RY "O" STATIONS	S:					
	Add the DSEs of each station							
	Enter the sum here and in line		2.25	<u> </u>				
2	Instructions:							
2	In the column headed "Call s	Sign": list the call s	signs of all distant stations	s identified by the	e letter "O" in column 5			
Computation	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-							
of DSEs for	mercial educational station, give the DSE as ".25."							
Category "O"	, 5	NS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	WCCODT	0.250						
	KMSPDT9	1.000		····				
	WKBTDT	0.250		····				
	KTTCDT	0.250						
	WXOWDT	0.250						
Add rows as	KTTCDT3	0.250						
necessary.				····				
Remember to copy all		···		····				
formula into new		···		····				
rows.		···		····				
		<del></del>		····				
		<del></del>		<del></del>				
				<del></del>				
				<del></del>				
		<u></u>		····				
		<u></u>		····				
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				····				
				<mark></mark>				
				····				
				<del></del>				
				<mark></mark>				
				<mark></mark>				
I						I		

F	r	F	 	

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405											
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.												
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs												
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	URS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		6. DS	E					
			÷			x	=						
			÷			x x							
			÷			x	=						
			÷			x	=						
			÷			x x	=						
			÷			x	=						
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of p		hedule,		0.00							
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer Broadcast or space I).     Column 2: Fat your option. Column 3: EColumn 4: ECO	ct on October 19, 1976 ( ne or more live, nonnetwood  For each station give the This figure should correse  Enter the number of days  Divide the figure in colum	itution for a profess shown by the ork programs de number of live spond with the sein the calendan 2 by the figures.	ogram that your system he letter "P" in column 7 luring that optional carriate, nonnetwork programs information in space I. ar year: 365, except in aure in column 3, and give	was permitted to of space I); and ge (as shown by carried in subst leap year. e the result in co	delete under FCC rules	of vere deleted than the third	n).					
		Sl	JBSTITUTE	E-BASIS STATION	S: COMPUTA	ATION OF DSEs	T	T					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE					
		-	÷	=		÷		=					
		-	÷ ÷			÷		=					
			: :	=		÷		=					
		-	÷	=		÷		=					
	Add the DSEs of	OF SUBSTITUTE-BASI of each station. m here and in line 3 of p.				0.00		=					
5		R OF DSEs: Give the am		boxes in parts 2, 3, and	4 of this schedule	and add them to provide t	he total						
Total Number	1. Number	of DSEs from part 2●				<b>&gt;</b>	2.25						
of DSEs		of DSEs from part 3 ●				<u> </u>	0.00						
	3. Number	of DSEs from part 4 ●				• <u> </u>	0.00						
	TOTAL NUMBE	R OF DSEs						2.25					

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

LEGAL NAME OF O							S	YSTEM ID# 061405	Name
Thawatha Broa			, IIIC.					001405	
Instructions: Bloc In block A:	k A must be comp	oleted.							
	'Yes," leave the re	mainder of pa	art 6 and part 7	of the DSE schedul	le blank and c	complete part 8	3, (page 16) of the		6
	"No," complete blo	cks B and C I	pelow.						
			BLOCK A: T	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24,	1981?		•	r markets as define ETE THE REMAIN			C rules and regula	tions in	
—	lete blocks B and								
		BLO	CK B: CARR	IAGE OF PERM	IITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	egulations prione DSE Scheo	or to June 25, 19 Jule. (Note: The	eart 2, 3, and 4 of the 981. For further exp e letter M below refe ct of 2010.)	lanation of pe	rmitted station	ns, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	lles and regula ed pursuant to	ations cited belo the FCC mark	s on which you carr ow pertain to those tet quota rules [76.5	in effect on Ju 57, 76.59(b), 7	une 24, 1981.) '6.61(b)(c), 76	.63(a) referring to		
	C Noncommerica	al educational d station (76.6 or DSE schedu	l station [76.59( 65) (see paragra ule).	.59(d)(1), 76.61(e)( c), 76.61(d), 76.63( aph regarding substi C rules (76.7)	(a) referring to	76.61(d)]	. , , ,		
	*F A station pre	viously carried JHF station wi	d on a part-time thin grade-B co	e or substitute basis entour, [76.59(d)(5),	•		ing to 76.61(e)(5)]		
Column 3:		e stations ider	ntified by the let	parts 2, 3, and 4 of t ter "F" in column 2,		nplete the wor	ksheet on page 14	l of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN KTCADT	BASIS	0.25	SIGN WHLADT1	BASIS	0.25	SIGN	BASIS		
KTCIDT2	E E	0.25 0.25	WHLADT3	E E	0.25				
KTCIDT3	E	0.25	**************************************		<b></b>				
KTCADT4	Е	0.25							
KSMQHD	E	0.25							
WHLATV	E	0.25							
			<u>.</u> L	<u> </u>				2.00	
								2.00	
			BLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	oart 5 of this s	chedule					
Line 2: Enter the	sum of permitte	d DSEs from	า block B abov	/e					
				of DSEs subject to of this schedule)		te.			
Line 4: Enter gro	ss receipts from	space K (pa	ıge 7)				x 0.0	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSF	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	nd enter here	and on line 2	2, block 3, space L	_ (page 7)			0.00	

	FOWNER OF CABLE S		s, Inc.				S'	YSTEM ID# 061405	Name
		BLOC	A: TELEVI	SION MARKETS	S (CONTINU	JED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o
									3.75 Fee
						•		•••••	
					•	***************************************		•••••	
					• • • • • • • • • • • • • • • • • • • •	•		•••••	
	T		11	1	I	1	1		

**ACCOUNTING PERIOD: 2024/1** 

Name	Hiawatha Broad			ns, Inc.						S	98TEM ID# 061405			
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													
	1. CALL         2. PRIOR         3. ACCOUNTING         4. BASIS OF         5. PRESENT           SIGN         DSE         PERIOD         CARRIAGE         DSE													
	3.3.1	202					57 H H H H H H				DSE			
												٠		
												٠		
<b>7</b> Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.													
Syndicated			BI	LOCK A	: MAJOR	TEL	EVISION MARKE	ĒΤ				_		
Exclusivity Surcharge	Is any portion of the c     Yes—Complete	-	•	major tele	evision marke	et as	defned by section 76.5		es in effect Jun	e 24, 198	1?			
	BLOCK B: C:	arriage of VHF	/Grade B Co	ntour Stat	tions		BI OCK	C: Compu	tation of Exem	nt DSEs				
	Is any station listed in commercial VHF statior in part, over the cal	block B of par on that places	rt 6 the prima	ry stream	of a	ni	/as any station listed ty served by the cable former FCC rule 76.	in block B o	of part 7 carrie	d in any	commu-	-		
	Yes—List each st  X No—Enter zero a			e permitted	d DSE		Yes—List each sta  X No—Enter zero an			te permitt	ed DSE			
	CALL SIGN	DSE	CALL SIG	iN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE			
			TOTAL DS	Es	0.00				TOTAL DS	Es .	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Hiawatha Broadband Communications, Inc.	SYSTEM ID# 061405	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,704,988.16	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is 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?  No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	·E	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	l	Hiawatha Broadband Communications, Inc.	061405
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		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶\$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ _\$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> .
	Instru	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p	art
_		checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation		rr answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	_	ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low
Base Rate Fee	blank What i	i <b>s a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers	
	were lo	ocated within that station's local service area and others were located outside that area. For the definition of a station's "located outside that area."	cal
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts  (the amount in section 1)▶ \$	
		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)	0.00
		Base Rate Fee	

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

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Hiaw	atha Broadband Communications, Inc.	061405	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4	in the figure in Section 2 is more than 4.000, compute your base rate fee here and leave Section 3 blank.		0
	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b></b>		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶\$		
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here <b>\$</b>		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00	
	Dase rate ree		
IMPOF	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas	st signals shall	
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel	line-ups in	9
Space		to ovaludo	· ·
	<b>eral:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, s from subscribers located within the station's local service area, from your system's total gross receipts. To take ad		Computation
exclusi	on, you must:	-	of Base Rate Fee
First:	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine t	he number of	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for $\mathfrak c$ : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	∍ach group.	Surcharge
1			for Partially
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in particular a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belations and B. Delation of the syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belations are supported by the syndicated Exclusivity Surcharge for each subscriber group.		Distant
your ca	ble system is wholly located outside all major television markets, complete block A only.	·	Stations, and
How to	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	on you	Stations
	to that community.		
	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that stat		
	oken, the station is distant to the subscriber.)	(aa, 2)	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note tha re only one subscriber group when the distant stations it carried have local service areas that coincide.	t a cable system	
	•	om'a aubaaribar	
groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	an s subscriber	
In each	section:		
• Identi	fy the communities/areas represented by each subscriber group.		
l l	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	
• If:	bers in the group.		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	narts 2 3 and 4	
	schedule; or,	parto 2, 0, and 4	
, ,	portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in bl 6 of this schedule.	ock B,	
	ne 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 in paper SA3 form.	structions	
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p	receding	
page. DSEs	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	t is, the total	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Hiawatha Broadband Communications, Inc.	061405
	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 a	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in subscriber groups may be partially distant.	these
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonp signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DS	
	.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	*
	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 transmit	ted from
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Per	cent Rate
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.  You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written ag	reement
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a p	
	transmitter or an association representing the primary transmitter.	······ary

	DI OCII I	COMPLITATION	)	TE EEEO EOO E : :	)   O   D   O   O	TD ODOLIE	061405	
		SUBSCRIBER GRO		ATE FEES FOR EAG		SER GROUP SUBSCRIBER GRO	IIP	
COMMUNITY/ AREA		County		COMMUNITY/ ARE				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
KTCADT	0.25	CALL SIGN	DSE	KSMQHD	0.25	CALL SIGN	DSE	Base Rate Fe
KTTCDT3	0.25			WKBTDT2	0.25		······	and
KTTCDT3 KTCIDT2	0.25			KTTCDT	0.25			Syndicated
KTCIDT2 KTCIDT3	0.25			WXOWDT	0.25			
KSMQHD	0.25			WHLATV				Exclusivity
KTTCDT	0.25			WHLADT1	0.25 0.25			Surcharge
					·····-			for
KTCADT4	0.25			WHLADT3	0.25			Partially
								Distant
								Stations
								[
Total DSEs		-	1.75	Total DSEs			1.75	1
Gross Receipts First	Group	<u>\$ 64</u>	17,055.51	Gross Receipts Sec	ond Group	\$	485,337.89	
Base Rate Fee First	Group	\$ 1	0,286.56	Base Rate Fee Sec	cond Group	\$	7,715.66	
Base Rate Fee First		\$ 1		Base Rate Fee Sec		\$ SUBSCRIBER GROUND		
	THIRD	1		Base Rate Fee Sec	FOURTH	SUBSCRIBER GRO		
	THIRD	SUBSCRIBER GRO			FOURTH	SUBSCRIBER GRO		
COMMUNITY/ ARE/	THIRD Goodhi	SUBSCRIBER GRO		COMMUNITY/ ARE	FOURTH :  A Olmsted  DSE	SUBSCRIBER GRO		
COMMUNITY/ ARE/	THIRD A <b>Goodh</b> i	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE	FOURTH :	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA CALL SIGN KTTCDT	THIRD Goodhi	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE	FOURTH :  A Olmsted  DSE	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA CALL SIGN KTTCDT WHLATV	THIRD A Goodhi DSE 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT	FOURTH :  A Olmsted  DSE  0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA  CALL SIGN  KTTCDT  WHLATV  WHLADT1	THIRD A Goodhi DSE 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT	FOURTH :  A Olmsted  DSE  0.25  0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodho DSE 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
CALL SIGN KTTCDT WHLATV WHLADT1 WHLADT3 WKBTDT	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4	DSE 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4	DSE 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
CALL SIGN KTTCDT WHLATV WHLADT1 WHLADT3 WKBTDT	THIRD A Goodhi DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GROU	UP	
CALL SIGN KTTCDT WHLATV WHLADT1 WHLADT3 WKBTDT	THIRD A Goodhi  DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO Je County  CALL SIGN	DSE	CALL SIGN KTCADT WCCODT KTCIDT2 KTCIDT3 KTCADT4 WKBTDT KMSPDT9	DSE 0.25 0.25 0.25 0.25 0.25 1.00	SUBSCRIBER GROU	DSE DSE	
COMMUNITY/ ARE/  CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3	THIRD A Goodhu  DSE 0.25 0.25 0.25 0.25 0.25 0.26 0.27	SUBSCRIBER GRO  Je County  CALL SIGN  \$ 28	DUP  DSE  1.25	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT  KMSPDT9  Total DSEs	DSE   0.25   0.25   0.25   0.25   0.25   0.25   0.25   0.25   0.25   0.26   0.27   0	COUNTY  CALL SIGN	DSE	
CALL SIGN  KTTCDT  WHLATV  WHLADT1  WHLADT3  WKBTDT  Total DSEs  Gross Receipts Thire	THIRD A Goodhu  DSE 0.25 0.25 0.25 0.25 0.25 0.26 0.27	SUBSCRIBER GRO  Je County  CALL SIGN  \$ 28	DSE	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT  KMSPDT9  Total DSEs  Gross Receipts Fou	DSE   0.25   0.25   0.25   0.25   0.25   0.25   0.25   0.25   0.25   0.26   0.27   0	CALL SIGN  CALL SIGN	2.50 44,201.69	
CALL SIGN (TTCDT VHLATV VHLADT1 VHLADT3 VKBTDT  Total DSEs Gross Receipts Third Clase Rate Fee Third	THIRD A Goodhi  DSE 0.25 0.25 0.25 0.25 0.26 0.27 0.27 0.27 0.27 0.28 0.29 0.29 0.29 0.29 0.29 0.29 0.29 0.29	SUBSCRIBER GRO Je County  CALL SIGN  \$ 25	1.25 59,035.37	COMMUNITY/ ARE  CALL SIGN  KTCADT  WCCODT  KTCIDT2  KTCIDT3  KTCADT4  WKBTDT  KMSPDT9  Total DSEs  Gross Receipts Fou	DSE	CALL SIGN  CALL SIGN	2.50 44,201.69	

LEGAL NAME OF OWNE Hiawatha Broadba						S	061405	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU	IP	_
COMMUNITY/ AREA	Renvill	e County		COMMUNITY/ AREA	Dakota (	County		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN		DSE	of
								Base Rate Fe
			<u>"</u>					and
	••••		<del></del>			H	·····	Syndicated
	····		<del> </del>		···	<u> </u>	·····	Exclusivity
			<del>.  </del>				·····	
								Surcharge for
			<del> </del>				·····	
	<del> </del>		<del>.  </del>					Partially
			<del>.  </del>					Distant
			<del>-</del>					Stations
			<del></del>					
	<u></u>		<u></u>					
			<u>.</u>		<u>_</u>			
Total DSEs			0.00	Total DSEs			0.00	
0 0 11 51 10						_	0.00	
Gross Receipts First G	roup	\$ 9	,077.70	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Second Group \$ 0.00				
		SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU		
COMMUNITY/ AREA	Winona	County Rural		COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTCADT	0.25							
KTTCDT3	0.25							
KTCIDT2	0.25							
KTCIDT3	0.25							
KSMQHD	0.25							
KTTCDT	0.25							
KTCADT4	0.25							
Total DSEs			1.75	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 260	,280.00	Gross Receipts Fourth	Gross Receipts Fourth Group \$ 0.00			
Base Rate Fee Third G	ase Rate Fee Third Group \$ 4,137.80			Base Rate Fee Fourth	Group	\$	0.00	
			riber group a	as shown in the boxes at	oove.			
Enter here and in block	3, line 1, s <sub>l</sub>	pace L (page 7)				\$		
							•	

LEGAL NAME OF OWNER Hiawatha Broadbar						SYS	O61405	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	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
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
EL	.EVENTH	SUBSCRIBER GROU	Р		TWELVTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	• fees for each subscri	ber group a	as shown in the boxes ab	ove.			
Enter here and in block 3	3, line 1, sp	pace L (page 7)				\$		

BI ( )( )	V A . COMP	ITATION OF BAC	E D ^	TE EEE0 FOD FACI	I CLIDCOD	DED CDOUD		
		RIBER GROUP	EKA	TE FEES FOR EACH		SUBSCRIBER GROU	ID	
OMMUNITY/ AREA	14111 GODGC	NIBER GROOT	0	COMMUNITY/ AREA	0	9		
CALL SIGN DO	r II call	SICN F		CALL SICN	Dec	II CALL SICAL	DOE	Computation of
CALL SIGN DS	DE CALI	L SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	OT Base Rate
	······································		•••••		•••	-		and
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otal DSEs		0.0	00	Total DSEs			0.00	
ross Receipts First Group	\$	0.0	00	Gross Receipts Secor	nd Group	\$	0.00	
			$\neg$					
ase Rate Fee First Group	\$	0 (	00	Base Rate Fee Secor	nd Group	\$	0.00	
	<u> </u>			<b></b>		Ψ	0.00	
FIFTEE	NTH SUBSC	RIBER GROUP		;	SIXTEENTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN DS	E CALI	SIGN D		CALL CICAL				
		_ SIGIN L	SE	CALL SIGN	DSE	CALL SIGN	DSE	
		_ SIGIN _ L	SE	CALL SIGN	DSE	CALL SIGN	DSE	
		2 SIGN E	SE	CALL SIGN	DSE	CALL SIGN	DSE	
		Z SIGN E	ISE	CALL SIGN	DSE	CALL SIGN	DSE	
		SIGN L	ISE	CALL SIGN	DSE	CALL SIGN	DSE	
		- Sign - L	ISE	CALL SIGN	DSE	CALL SIGN	DSE	
		Z SIGN E	ISE .	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			ISE	CALL SIGN	DSE	CALL SIGN	DSE	
			ISE	CALL SIGN	DSE	CALL SIGN	DSE	
			SE	CALL SIGN	DSE	CALL SIGN	DSE	
			SE	CALL SIGN	DSE	CALL SIGN	DSE	
			SE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs				Total DSEs	DSE	CALL SIGN	DSE	
		0.0	000	Total DSEs			0.00	
otal DSEs	\$		000			CALL SIGN		
	\$	0.0	000	Total DSEs			0.00	
	\$	0.0	000	Total DSEs	n Group		0.00	

LEGAL NAME OF OWNER Hiawatha Broadba						S	YSTEM ID# 061405	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROUP	<b>D</b>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<u> </u>			Exclusivity Surcharge
					-			for
					<u> </u>			Partially
								Distant
								Stations
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			•					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	מווח	•	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Oroso rescipto i ilst ore	Jup	•	0.00	Cross rescipts secon	ia Oloup	•	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NII	NTEENTH	SUBSCRIBER GROU	IP	Т	WENTIETH	SUBSCRIBER GROUP	>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes al	bove.	s		
	د, ان ۱, ۵ <sub>۱</sub>	L (page 1)				<u> </u>		

	/ A . COMPUTATION	1000000	TE EEEO EOO E * 1	III CLIDOOD!	DED ODOUG		
	( A: COMPUTATION RST SUBSCRIBER G		H		BER GROUP SUBSCRIBER GROU	IP	
OMMUNITY/ AREA	O SUBSCRIBER G	0	COMMUNITY/ AREA		GOBGONIBEN GROU	0	9
			COMMONT IT ARE				Computa
CALL SIGN DSI	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicat
							Exclusiv
							Surchar
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							Distant
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	Ц	0.00	T		<del>! !</del>	0.00	
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
·	<u> </u>				Į*		
TWENTY-TH	IRD SUBSCRIBER G	ROUP	TWE	ITY-FOURTH	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	4		0	
CALL SIGN DSI							
	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	E CALL SIGN			DSE	CALL SIGN		
otal DSEs	E CALL SIGN	0.00	Total DSEs			0.00	
otal DSEs Gross Receipts Third Group	CALL SIGN				CALL SIGN		
otal DSEs	CALL SIGN	0.00	Total DSEs			0.00	
otal DSEs	S S	0.00	Total DSEs	rth Group		0.00	

LEGAL NAME OF OWNER Hiawatha Broadbar						S'	YSTEM ID# 061405	Name
				ATE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROU		ll .	NTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			<b></b>	-	<b></b>			
			l		<b></b>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-S	SEVENTH	SUBSCRIBER GROU	Р	TWENT	TY-EIGHTH	SUBSCRIBER GROUP	<b>&gt;</b>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
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			<u> </u>		<del> </del>			
Total DSEs	1		0.00	Total DSEs		l I	0.00	
Gross Receipts Third Gr	OUD	•	0.00	Gross Receipts Fourth	Group	•	0.00	
Cross Neceipis IIIII GI	oup	\$	J.UU	10000 Neceipts Fourth	Огоир	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER Hiawatha Broadbar						S'	YSTEM ID# 061405	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROUP	<b>D</b>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
				1	<u></u>			Surcharge
								for
								Partially
								Distant
								Stations
	<u> </u>		İ					
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							2.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	JP	THIRT	Y-SECOND	SUBSCRIBER GROUP	<b>)</b>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
	<u> </u>		<b></b>					
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	<u> </u>		<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup-	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Peec Data Face A 119	hose	food for and	ihar					
Enter here and in block			ivei group a	as shown in the boxes al	oove.	\$		

LEGAL NAME OF OWNE Hiawatha Broadba						S	061405	Name
		COMPUTATION OF		ATE FEES FOR EACH	TY-FOURTH	BER GROUP SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u> </u>	-				Syndicated Exclusivity
			·			H		Surcharge
								for
								Partially
			<b></b>	-				Distant
								Stations
				-				
			1					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THI	RTY-FIFTH	SUBSCRIBER GROU	JP	TH	IIRTY-SIXTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>	-				
					<u></u>			
			<b></b>					
			<del>-</del>	-				
			<u> </u>					
			<b></b>	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
·	•				•			
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Raca Pata Foo: Add 4	ne hasa rata	face for each subse	iher group	as shown in the boxes a	phove			
Enter here and in block			inei Aionb	as shown in the boxes a	IDOVE.	\$		
							4	

LEGAL NAME OF OWNER Hiawatha Broadbar						SYS	061405	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	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
	<b></b>				ļ			
	ļ						<b> </b>	
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	Р	ı	ORTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<b></b>						ļ	
	<b></b>				<b> </b>		<b> </b>	
	<b></b>				<b> </b>		<b> </b>	
	<b> </b>							
	<b> </b>							
	<b> </b>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.			
Enter here and in block 3			· ·			\$		

LEGAL NAME OF OWNER Hiawatha Broadba						s	YSTEM ID# 061405	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROUI	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<del></del>			Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
					<u> </u>			Stations
					<del></del>			
Total DSEs	•	•	0.00	Total DSEs	•	-	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
					•			
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-THIRD	SUBSCRIBER GROU		ii .	Y-FOURTH	SUBSCRIBER GROUI		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<b></b>							
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	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		
						-		

LEGAL NAME OF OWNER Hiawatha Broadbar						SYS	061405	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	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
								Gtationo
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	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU	Р	FORT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	hase rate	fees for each subsect	her group s	as shown in the hoves ab	ove			
Enter here and in block 3			on group o	as shown in the boxes ab	- <b>.</b>	\$		

LEGAL NAME OF OWNER Hiawatha Broadba						s	YSTEM ID# 061405	Name
		COMPUTATION OF SUBSCRIBER GROU	IP	ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROUI		Ω.
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> 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
			ļ				<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GROU		ii .	Y-SECOND	SUBSCRIBER GROUI		
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	iroup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
, , , , , , , , ,	•				'			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	bove.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIFTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA  0 COMMUNITY/ AREA 0 COMMUNI	aL NAME OF OWNER OF Awatha Broadband (
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   D.00   Total DSEs   D.00    FIFTY-FIFTH SUBSCRIBER GROUP   S   D.00    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    COMMUNITY AREA   0    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    COMMUNITY AREA   0    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    COMMUNITY AREA   0    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    COMMUNITY AREA   0    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    COMMUNITY AREA   0    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    C	BLO
CALL SIGN DSE CA	FIFTY-T
Total DSEs	MMUNITY/ AREA
Gross Receipts First Group  Base Rate Fee First Group  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O CALL SIGN  DSE  CALL S	ALL SIGN D
Gross Receipts First Group  Base Rate Fee First Group  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL	
Gross Receipts First Group  Sase Rate Fee First Group  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL	
Gross Receipts First Group    Sase Rate Fee First Group   Sase Rate Fee Second Group   Sase Rate Fee First Group   Sase Rate Fee First Group   Sase Rate Fee Second Group   Sase Rate Fee Seco	
ross Receipts First Group  s 0.00  Gross Receipts Second Group  s 0.00  Base Rate Fee Second Group  FIFTY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA  0 CALL SIGN  DSE  CALL SI	
ASSERTION STATES AND SECOND SE	
Gross Receipts First Group  Sase Rate Fee First Group  FIFTY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL S	
ASSERTION STATES AND SECOND SE	
Gross Receipts First Group  Sase Rate Fee First Group  FIFTY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL S	
Gross Receipts First Group  Sase Rate Fee First Group  FIFTY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL S	
Gross Receipts First Group    Sase Rate Fee First Group   Sase Rate Fee Second Group   Sase Rate Fee First Group   Sase Rate Fee First Group   Sase Rate Fee Second Group   Sase Rate Fee Seco	
Gross Receipts First Group  Sase Rate Fee First Group  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL	
Gross Receipts First Group  Sase Rate Fee First Group  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL	
Gross Receipts First Group    Sase Rate Fee First Group   Sase Rate Fee Second Group   Sase Rate Fee First Group   Sase Rate Fee First Group   Sase Rate Fee Second Group   Sase Rate Fee Seco	
Base Rate Fee First Group  FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA  O CALL SIGN DSE CALL SIGN D	al DSEs
FIFTY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIGN	ss Receipts First Group
FIFTY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIGN	
OMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIG	e Rate Fee First Group
CALL SIGN DSE CA	FIFTY-F
otal DSEs	MMUNITY/ AREA
	ALL SIGN D
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	al DSEs
I	ss Receipts Third Group
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	e Rate Fee Third Group
se Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	no Doto Essa Add 45 - 5 -

LEGAL NAME OF OWNER Hiawatha Broadba						S	061405	Name
				ATE FEES FOR EACH	H SUBSCRI	BER GROUP		
	SEVENTH	SUBSCRIBER GROU		ii e	TY-EIGHTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
				-				Surcharge for
								Partially
								Distant
								Stations
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	<del> </del>		<b></b>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	•	0.00	Gross Receipts Secor	ad Group	•	0.00	
Gioss Receipts Filst Git	bup	\$	0.00	Gloss Receipts Secon	iu Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GROU	JP		SIXTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the	e base rate	e fees for each subscr	iber group :	II as shown in the boxes a	bove.			
Enter here and in block						\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405											
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP					
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
								Base Rate Fee			
								and			
								Syndicated			
								Exclusivity			
								Surcharge			
								for			
						H		Partially			
								-			
								Distant			
								Stations			
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Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00				
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00				
SIXT	Y-THIRD	SUBSCRIBER GROU	Р	SIXTY	/-FOURTH	SUBSCRIBER GROUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			ALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
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Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00				
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00						
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group :	as shown in the boxes abo	ove.						
Enter here and in block 3				\$							

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	I SUBSCRI	BER GROUP			
SIX	ΓΥ-FIFTH	SUBSCRIBER GROU		ii e	IXTY-SIXTH	SUBSCRIBER GROUP		0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
OF REE CHOICE	DOL	O/ILL CIOIT	DOL	O/ LEE GIGIT	502	O' LEE GIGIT	502	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
			<del> </del>		<del>.  </del>				
			<b></b>		<del></del>				
			<del> </del>		<del></del>				
T-4-1 D0E-		Ч	0.00	T-4-1 DOE		H	0.00		
Total DSEs 0.00			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	d Group	\$	0.00		
SIXTY-S	EVENTH	SUBSCRIBER GROU	ΙP	SIX	TY-EIGHTH	SUBSCRIBER GROUP	)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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	t		<b></b>		<u>-</u>				
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T-+-I DOF			0.00	T-+-I DOS			0.00		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	sase Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	ı Group	\$	0.00			
				Ш					
Base Rate Fee: Add the base rate fees for each subscriber group a Enter here and in block 3, line 1, space L (page 7)				as shown in the boxes al	bove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
BI	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP			
		SUBSCRIBER GROU		(1)		SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	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	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00		
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<u>-</u>			0.00	Base Rate Fee Second		\$	0.00		
SEVEN	TY-FIRST	SUBSCRIBER GROU	P	SEVENTY	-SECOND	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00				
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Base Rate Fee: Add the Enter here and in block 3		ber group a	as shown in the boxes ab	ove.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00		
SEVEN <sup>-</sup>	TY-FIFTH	SUBSCRIBER GROU	P	SEVEN	ITY-SIXTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00				
Base Rate Fee: Add the	haso rota	foos for each subseri	her group 1	as shown in the bayes ab	ove				
Enter here and in block 3		oor group a	SHOWITHI HIE DUNES AD	OVG.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
		COMPUTATION OF SUBSCRIBER GROU	Р	ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROUP	D	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
				-	<u></u>			and Syndicated	
								Exclusivity	
								Surcharge	
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							0.00		
			0.00	Total DSEs					
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	d Group	\$	0.00		
SEVEN	TY-NINTH	SUBSCRIBER GROU		ii .	EIGHTIETH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	n Group	\$	0.00				
Page Bata Fac: A 17.5	. ha	food for and	hor	no oboum is the last	hava				
Enter here and in block			bei group i	as shown in the boxes al	oove.	\$			

9	_							Hiawatha Broadba
9		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A:	В
9	IP	SUBSCRIBER GROU	-SECOND	EIGHT	JP	SUBSCRIBER GROU	TY-FIRST	EIGH
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
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	0.00			Total DSEs	0.00	otal DSEs 0.0		
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	Base Rate Fee First Group \$ 0.00		
	IP	SUBSCRIBER GROU	/-FOURTH	EIGHT	JP	EIGHTY-THIRD SUBSCRIBER GROUP		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	Group	Gross Receipts Fourth	0.00	3	roup	Gross Receipts Third Gr
	0.00	\$	Group	Gross Receipts Fourth	0.00	1	roup	Gross Receipts Third G

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP			
		SUBSCRIBER GROU		TH.		SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
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Total DSEs		-	0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00		
EIGHTY-S	EVENTH	SUBSCRIBER GROU	Р	EIGHT	Y-EIGHTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00				
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.				
Enter here and in block 3	3, line 1, sp	pace L (page 7)				\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
				ATE FEES FOR EACH					
EIGH <sup>*</sup> COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GROU	IP <b>0</b>	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	Dec	CALL SIGN	Dec	CALL SICN	Dec	CALLSION	Dec	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated	
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Total DSEs		•	0.00	Total DSEs	•		0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	d Group	\$	0.00		
NINE	TY-FIRST	SUBSCRIBER GROU	IP	NINET	Y-SECOND	SUBSCRIBER GROUP	)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
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Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	ı Group	\$	0.00				
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Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes at	oove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405											
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP					
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
								Base Rate Fee			
								and			
								Syndicated			
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Total DSEs	<del>                                     </del>	<del> </del>	0.00	Total DSEs			0.00				
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00				
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00				
NINE	TY-FIFTH	SUBSCRIBER GROU	Р	NINE	TY-SIXTH	SUBSCRIBER GROUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			CALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
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Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00				
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00						
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Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes ab	ove.	\$					

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP		•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
07.122 0.0.1	202	07.22 0.0.1		07.122.010.11	332	57 LE 575.1	332	Base Rate Fee	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00		
NINET	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUI	NDREDTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.				
Enter here and in block 3						\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
		COMPUTATION OF SUBSCRIBER GROU		ONE HUNDREI		BER GROUP SUBSCRIBER GROUP	0	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
						_		Base Rate Fee	
								and Syndicated	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	d Group	\$	0.00		
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	Р	ONE HUNDRE	D FOURTH	SUBSCRIBER GROUP	•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00				
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Base Rate Fee: Add the Enter here and in block 3			nei group i	as shown in the doxes at	oove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
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								and	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	Gross Receipts First Group \$ 0.00			Gross Receipts Second	l Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00		
ONE HUNDRED S	SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the	haen rota	foos for each subseri	her group 1	as shown in the boyes at	ove				
Enter here and in block 3			oor group a	SHOWN III LIIG DUAGS AD	O V O.	\$			

LEGAL NAME OF OWNER Hiawatha Broadbar						SYS	STEM ID# 061405	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 0.011	202	07.22 0.0.1		0,122 0.0.1	332	57 LE 575.1	332	Base Rate Fee
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	TWELVTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes ab	ove.			
Enter here and in block 3						\$		

LEGAL NAME OF OWNER Hiawatha Broadba						S	YSTEM ID# 061405	Name
B ONE HUNDRED THIS COMMUNITY/ AREA				ONE HUNDRED FOR COMMUNITY AREA		BER GROUP SUBSCRIBER GROUF	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oun	•	0.00	Gross Receipts Secon	d Group	•	0.00	
Gloss Receipts Filst Glo	bup	4	0.00	Gloss Receipts Secon	iu Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED S	SIXTEENTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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Base Rate Fee Third Gi	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	e base rate	e fees for each subscr	ber group	as shown in the boxes at	oove.			
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LEGAL NAME OF OWNER Hiawatha Broadba						S	YSTEM ID# 061405	Name
B ONE HUNDRED SEVEN COMMUNITY/ AREA				ONE HUNDRED EIG		BER GROUP SUBSCRIBER GROUF	0	9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
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Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED T	WENTIETH	SUBSCRIBER GROUF	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gi	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Rasa Rata Fac: Add the	hase rate	foos for each subser	her group	as shown in the boxes at	nove			
Enter here and in block			bei gioup	as shown in the boxes at	ν <del>.</del>	\$		

LEGAL NAME OF OWNER Hiawatha Broadba						S	YSTEM ID# 061405	Name
		COMPUTATION OF SUBSCRIBER GROU	Р	ATE FEES FOR EACH				0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
					<u> </u>			Distant
								Stations
			<u> </u>					
			<b></b>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	NTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
_								
Base Rate Fee Third Gi	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER Hiawatha Broadbar						SYS	STEM ID# 061405	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROUP				SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
							•	and
							•	Syndicated
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								Partially
								Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	• fees for each subscri	ber group a	as shown in the boxes ab	ove.			
Enter here and in block 3						\$		

LEGAL NAME OF OWNER Hiawatha Broadba						S	YSTEM ID# 061405	Name
		COMPUTATION OF SUBSCRIBER GROUP	BASE RA	ONE HUNDRED		BER GROUP SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE LUNDOED THE	OTV FIDOT	CLIDCODIDED CDOLID		ONE LUNDRED TURB	TV SECOND	CURCODIDED CROUD	•	
COMMUNITY/ AREA	KIY-FIKSI	SUBSCRIBER GROUP	0	COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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T-+-I DOF-			0.00	T-+-1 DOF			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group	as shown in the boxes at	oove.			
Enter here and in block			9.546	5565 di	•	\$		

LEGAL NAME OF OWNER Hiawatha Broadbar						S	YSTEM ID# 061405	Name
		COMPUTATION OF SUBSCRIBER GROUP	BASE RA	ONE HUNDRED THIR		BER GROUP SUBSCRIBER GROUP	0	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
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Total DSEs	•		0.00	Total DSEs		-	0.00	
	au n	•	0.00		d Croup	<u> </u>	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	a Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	IIRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the			ber group a	as shown in the boxes ab	pove.	•		
or note and in block						<b>T</b>		

LEGAL NAME OF OWNER Hiawatha Broadbar						SYS	STEM ID# 061405	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY-						SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL CICIY	DOL	O/ ILL OIOIV	DOL	O/ILE GIGIT	DOL	O/ LEE OIOI4	DOL	Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs	!		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED F	FORTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	hase rate	fees for each subseri	her aroup 1	as shown in the hoves abo	ove			
Enter here and in block 3			oor group a	as shown in the boxes abt	OVO.	\$		

LEGAL NAME OF OWNER Hiawatha Broadbar						S	YSTEM ID# 061405	Name
		COMPUTATION OF SUBSCRIBER GROUP	BASE RA	ONE HUNDRED FOR		BER GROUP SUBSCRIBER GROUP	0	9
COMMONT I/ AREA				COMMONT IT AREA				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 Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
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Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ii e	TY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes at	oove.			
Enter here and in block	3, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWNER Hiawatha Broadbar						S	YSTEM ID# 061405	Name
		COMPUTATION OF SUBSCRIBER GROUP	BASE RA	ONE HUNDRED FOR COMMUNITY AREA		BER GROUP SUBSCRIBER GROUP	0	9
COMMONTI I/ AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
				-				and Syndicated
								Exclusivity
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								Distant Stations
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Total DSEs	•	ч	0.00	Total DSEs		Н	0.00	
					d 0	•		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	a Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FORTY-	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
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	<b>-</b>		l					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the			ber group a	II as shown in the boxes at	oove.			
Enter here and in block	3, line 1, sր	pace L (page 7)				\$		

LEGAL NAME OF OWNER Hiawatha Broadbar						S	YSTEM ID# 061405	Name
B ONE HUNDRED FOR COMMUNITY/ AREA				ATE FEES FOR EACH ONE HUNDREI COMMUNITY/ AREA		BER GROUP SUBSCRIBER GROUF	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	IP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the			iber group a	as shown in the boxes ab	oove.	c		
Line Here and III DIOCK	∪, iiile I, S[	pace L (page /)				Ψ		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group \$ 0.00 Communitry AREA	LEGAL NAME OF OWNER Hiawatha Broadbar						S	YSTEM ID# 061405	Name
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee And Syndicated Exclusivity Distant Stations  Total DSEs 0.00 Gross Receipts First Group 1 0.00 Base Rate Fee Second Group 2 0.00 COMMUNITY AREA 0 COMMUNITY A				IP	ONE HUNDRED FIFT				9
Base Rate Fe and syndicated Exclusivity (and provided Exclusivity (and									Computation
and Syndicated Exclusivity Surcharge for Partially Distant Stations  Total DSEs  O.00  Gross Receipts First Group  Sase Rate Fee First Group  ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCMMUNITY/	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity  Total DSEs  O.00  Gross Receipts First Group  Sase Rate Fee Second Group  ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCMMUNITY/ AREA  OC									
Exclusivity Surcharge for Partially Distant Stations									
Surcharge for Partially Distant Stations  Total DSEs		<u> </u>				<u> </u>			
Partially Distant Stations  Total DSEs  O.00 Gross Receipts First Group  South HUNDRED First Group  CALL SIGN DSE  CALL SIGN DSE									
Total DSEs  O.00 Gross Receipts First Group  Distant Stations  Base Rate Fee First Group  Distant Stations  Total DSEs  O.00 Gross Receipts Second Group  Distant Stations  Base Rate Fee Second Group  Distant Stations  Distant Stations  Total DSEs  O.00 Gross Receipts Second Group  Distant Stations  Distant Stations  Distant Stations  Total DSEs  O.00 Gross Receipts Second Group  Distant Stations  Distant									for
Stations  Stations  Total DSEs									Partially
Total DSEs  O.00 Gross Receipts First Group  O.00 DISES O.00 Base Rate Fee Second Group  ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN OSE O.00 Gross Receipts Fourth Group Soross		<b></b>		ļ					
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  COME HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									Stations
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  COME HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN		<del> </del>						<u> </u>	
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  COME HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN		<b>†</b>		······					
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  COME HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN		<b>†</b>		<b></b>					
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  COME HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee First Group  COME HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Base Rate Fee First Group    S	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee First Group    S	Gross Receipts First Gr	oun	•	0.00	Gross Receipts Secon	d Group	•	0.00	
ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE	Gloss Receipts Filst Gr	bup	4	0.00	Gross Neceipis Secon	u Group	Ψ	0.00	
COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE CALL SIGN  DS	Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN	ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROUP	)	
Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Grou	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		•							
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		<b></b>							
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		<b></b>		ļ		<u> </u>			
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		<b></b>							
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		<del> </del>							
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		<b>-</b>		<b></b>		<b>-</b>			
Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs	-1		0.00	
Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		•				•			
	Base Rate Fee Third Gr	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	Base Rate Fee: Add the	base rate	e fees for each subscri	iber aroup :	as shown in the boxes at	oove.			
				J 1			\$		

LEGAL NAME OF OWNER Hiawatha Broadbar						S	7STEM ID# 061405	Name
B ONE HUNDRED FIFTY- COMMUNITY/ AREA			BASE RA	ONE HUNDRED FIF		BER GROUP SUBSCRIBER GROUP	0	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>	-			<del></del>	
			l	-			-	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	<u> </u>	0.00	Gross Receipts Second	d Group	\$	0.00	
,	'	· [						
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GROUP		ii e	D SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			<u> </u>	-			<del></del>	
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							-	
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				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Page Pate Face Add the	haac ret-	food for oach cub	hor grove	no obourn in the have				
Base Rate Fee: Add the Enter here and in block (			bei group i	as shown in the doxes an	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405								
I		COMPUTATION C		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		County		COMMUNITY/ AREA		na County		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WCCODT	0.25							Base Rate Fe
KMSPDT9	1.00							and Syndicated
								Exclusivity Surcharge
								for Partially
								Distant Stations
Total DSEs			1.25	Total DSEs			0.00	
Gross Receipts First Group \$ 647,055.51			7,055.51	Gross Receipts Secon	d Group	\$	485,337.89	
Base Rate Fee First G	roup	\$ 30	0,330.73	Base Rate Fee Secon	id Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	Goodh	ue County		COMMUNITY/ AREA	Olmste	d County		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 25	9,035.37	Gross Receipts Fourth	n Group	\$	44,201.69	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			criber group a	as shown in the boxes at	bove.			
Enter here and in block	3, line 1, sp	pace L (page 7)				\$	30,330.73	

LEGAL NAME OF OWNER Hiawatha Broadba						S	YSTEM ID# 061405	Name
B	LOCK A:	COMPUTATION OI	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROUP	)	_
COMMUNITY/ AREA	Renville	e County		COMMUNITY/ AREA	Dakota (	County		<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122 0.011	202	0.122 0.011	552	0,122 0.011	202	07.22 0.0.1	302	Base Rate Fee
	·		·					and
								Syndicated
							<del> </del>	Exclusivity
							<del> </del>	Surcharge
								for
								Partially
								Distant
								Stations
					<b>T</b>			
	-		<b>†</b>		<b></b>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 9	,077.70	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
(	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA	Winona	County Rural		COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•				<b>1</b>			
			<u>.</u>				<del> </del>	
							<del> </del>	
			<u> </u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roun	s 260	,280.00	Gross Receipts Fourth	Group	\$	0.00	
C. 200 Receipts Tillid G	Jup		,_00.00	Cross Receipts Fourth	Jioup		0.00	
Page Bate For This I C			0.00	Boss Bata Fra Fra "	Craur		0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	_							
Base Rate Fee: Add the								

Name	YSTEM ID# 061405	S'						LEGAL NAME OF OWNER Hiawatha Broadbai
	2223	BER GROUP	SUBSCRIF	TE FEES FOR EACH	BASE RA			
_	Р	SUBSCRIBER GROUP				SUBSCRIBER GRO		
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge for					<u></u>		<del></del>	
Partially								
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Stations								
			†····		<b>-</b>			
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	Gross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	Р	SUBSCRIBER GROUP	TWELVTH		JP	SUBSCRIBER GRO	LEVENTH	El
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			l l					
	0.00			Total DSEs	0.00			Total DSEs
	0.00		Crou		0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third Gi

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  961405									
[	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	H SUBSCR	BER GROUP			
THI COMMUNITY/ AREA	RTEENTH	SUBSCRIBER GRO	UP <b>0</b>	FO COMMUNITY/ AREA	URTEENTH	SUBSCRIBER GROU	JP <b>0</b>	9	
0.11.0.01	T 505	I carrona	T 505			II and slow	505	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
	···		····		···	<del> </del>		and	
								Syndicated	
								Exclusivity	
	<del></del>					<u> </u>		Surcharge for	
	·			1		<del>                                     </del>		Partially	
								Distant	
								Stations	
						<u> </u>			
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
F	IFTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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	·			1					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00		
	·				•		   		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes a	bove.	\$			

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  941405									
				ATE FEES FOR EACH	H SUBSCR	BER GROUP				
SEVE		SUBSCRIBER GRO	UP	EI	IGHTEENTH	SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
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Total DSEs		<u>  </u>	0.00	Total DSEs		Į. <b>I</b>	0.00			
						_				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00			
NI	NTEENTH	SUBSCRIBER GRO	UP	7	TWENTIETH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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	···					<del>                                     </del>				
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00			
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	above.	\$				

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405								
				ATE FEES FOR EACH	I SUBSCRI	BER GROUP			
		SUBSCRIBER GROU	JP	TWENT		SUBSCRIBER GROU	Р	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
	<u></u>							for	
								Partially Distant	
					<del></del>			Stations	
	<u></u>								
					<u></u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00					
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon		\$	0.00		
	ΓY-THIRD	SUBSCRIBER GROU			Y-FOURTH	SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				-					
					<u> </u>				
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	<b></b>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00		
	base rate			Base Rate Fee Fourth		\$	0.00		

LEGAL NAME OF OWNER						S	YSTEM ID#	Name
Hiawatha Broadba	nd Comr	nunications, Inc.					061405	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
O/ LE GIGIY	DOL	O/ LE CICIV	DOL	O/ LEE OIGIV	DOL	O/ LE GIGIY	DOL	Base Rate Fee
	···		<u>-</u>					and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	<b>\$</b>	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GRO	JP	TWENT	ry-eighth	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	•	0.00	Gross Receipts Fourth	Group	•	0.00	
Cross Necelhis IIIII G	·oup	\$	0.00	Neceibis Lonini	Огоир	\$	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 ab	oove.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  941405									
				ATE FEES FOR EACH	I SUBSCRI	BER GROUP				
		SUBSCRIBER GRO				SUBSCRIBER GROU	IP	^		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity Surcharge		
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Total DSEs			0.00	Total DSEs			0.00			
			0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
THIF	RTY-FIRST	SUBSCRIBER GRO	JP	THIRT	Y-SECOND	SUBSCRIBER GROU	IP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
C. See A Goodpie Tillid G	547	·		Sicco Receipts Fourt	. Этойр	<del>-</del>	<u> </u>			
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00			
e <b>base</b> i				Base Rate Fee Fourth		\$	0.00			

LEGAL NAME OF OWNER						S'	YSTEM ID#	Name
Hiawatha Broadba	nd Comr	nunications, Inc.	ı				061405	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		П		SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIOIN	DOL	OALL SIGN	DOL	OALL GIGIT	DOL	CALL SIGIV	DOL	Base Rate Fee
	···							and
	···		<u> </u>				···	Syndicated
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								Surcharge
								for
								Partially
							•	Distant
								Stations
Total DSEs	•		0.00	Total DSEs		-	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	RTY-FIFTH	SUBSCRIBER GRO	UP	THII	RTY-SIXTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL CICAL	DOE	CALL CICAL	DOE	CALL CICAL	DOE	CALL CION	DOE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
					_		•	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	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 a	as shown in the boxes ab	ove.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405								
				ATE FEES FOR EACH	H SUBSCRI	BER GROUP			
THIRTY-		SUBSCRIBER GRO	UP	THIR		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	<u></u>							and	
				-				Syndicated Exclusivity	
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								Distant	
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	<u> </u>		0.00				0.00		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
<b>Base Rate Fee</b> First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
THIR	ΓΥ-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00		
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	bove.	\$			

LEGAL NAME OF OWN Hiawatha Broadl						\$	SYSTEM ID# 061405	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	BER GROUP		
FOCOMMUNITY/ AREA		SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	9
0411 0101		I OALL CION		OALL CION		II out oou		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge for
						<del>                                     </del>		Partially
								Distant
								Stations
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						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Book Boto Foo First	Oroun		0.00	Base Bate Fee Coop	and Craus		0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	0	
OOMMONT IT THE				TOOMINIOTETT TO THE PERSON OF				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			••••••••••			-		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	•	<u>L</u> ·				ī.		
			criber group a	as shown in the boxes a	above.			
Enter here and in blo	ck 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNER						SY	STEM ID#	Nama
Hiawatha Broadba	nd Comr	nunications, Inc.					061405	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROUP	)	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DOL	Base Rate Fee
			<del></del>			H		and
			<del></del>			H		Syndicated
			<del></del>					Exclusivity
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			<del></del>					Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Second	d Group	\$	0.00	
				l cross research	. О.О.Б			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP	FORT	Y-EIGHTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Of IEE CICIT	DOL	CALL SIGH	DOL	OF REE CICIT	DOL	OF ILL CICIT	DOL	
			<u>"</u>					
			<u>"</u>				<u> </u>	
			<u>"</u>					
			<u>"</u>					
	•		<u></u>					
Total DSEs			0.00	Total DSEs	·		0.00	
Gross Receipts Third G	roup	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
Gross Receipts Third Group \$ 0.00		<u> </u>	Siede Redelpts i duftif	Jioap	· ·	<u> </u>		
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE						\$	061405	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA	XIY-NINIH	SUBSCRIBER GRO	<b>0</b>	COMMUNITY/ AREA		SUBSCRIBER GROU	<b>0</b>	9
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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
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	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Foun	th Group	\$	0.00	
Base Rate Fee: Add to			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Hiawatha Broadba							061405	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA	-TY-THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	9
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
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIFTH	SUBSCRIBER GRO	UP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  White the system is a system in the system is a system in the									
				ATE FEES FOR EACH	H SUBSCR	BER GROUP	-		
FIFTY-S COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	FIF COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	9	
	T pop	I carrona	T 505		T 505	П ом гори	505	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>		<del></del>						
Total DSEs	1	<u>II</u>	0.00	Total DSEs	<u> </u>	H	0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon	nd Group	\$	0.00		
	TY-NINTH	SUBSCRIBER GRO			SIXTIETH	SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			····						
	<u> </u>								
	<b></b>		<u></u>			<u> </u>			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourt	h Group	\$	0.00		
sase Rate Fee Third Group \$ 0.00			Base Rate Fee Fourt	h Group	\$	0.00			
tate Fee: Add the			criber group a	as shown in the boxes a	above.	\$			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
				TE FEES FOR EACH						
9 Computation	0	SUBSCRIBER GROUP	-SECOND	COMMUNITY/ AREA	)P	SUBSCRIBER GROU	I Y-FIKSI	COMMUNITY/ AREA		
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate Fe										
and Syndicated										
Exclusivity										
Surcharge										
for Partially										
Distant										
Stations							-			
	<u></u>									
	0.00		<u> </u>	Total DSEs	0.00		<del>                                     </del>	Γotal DSEs		
		•								
	0.00	\$	Group	Gross Receipts Second	0.00	Gross Receipts First Group \$ 0.00				
	0.00	\$	l Group	Base Rate Fee Second	0.00	Base Rate Fee First Group \$ 0.00				
		SUBSCRIBER GROUF	/-FOURTH			SIXTY-THIRD SUBSCRIBER GROUP				
	<u>0</u>			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
				Total DSEs	0.00		ı	Total DSEs		
	0.00			11		Gross Receipts Third Group \$ 0.00				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third Gr		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	I SUBSCRI	BER GROUP	-		
SIX COMMUNITY/ AREA	(TY-FIFTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	IXTY-SIXTH	SUBSCRIBER GROL	JP <b>0</b>	9	
CALL SIGN	DSE	CALL SIGN	Dee	CALL SIGN	l nee	CALL SIGN	DSE	Computation of	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee	
								and	
								Syndicated	
			<u> </u>					Exclusivity Surcharge	
			<u></u>					for	
								Partially	
								Distant	
			<u></u>					Stations	
			<u>-</u>						
			<u></u>						
Total DSEs	!	!!	0.00	Total DSEs	•	<del>! !</del>	0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	nd Group	\$	0.00		
SIXTY-SEVENTH SUBSCRIBER GROUP					TY-EIGHTH	SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u></u>						
			<u></u>						
			<u></u>						
			<u> </u>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourth	n Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	n Group	\$	0.00			
the	e <b>base rate</b>			Base Rate Fee Fourth		\$	0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
				ATE FEES FOR EACH	I SUBSCRI	BER GROUP	-		
SIX* COMMUNITY/ AREA	ΓY-NINTH	SUBSCRIBER GRO	UP <b>0</b>	SE COMMUNITY/ AREA	VENTIETH	SUBSCRIBER GROU	1P 0	9	
	T = ==					П		Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
			<del></del>		<u> </u>			and	
								Syndicated	
			<u></u>					Exclusivity	
								Surcharge	
			<u></u>		<u> </u>			for Partially	
	<b></b>		<u> </u>					Distant	
								Stations	
			<u> </u>						
			<u></u>						
	<b> </b>		<del></del>	-	<del></del>				
			<del></del>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon		\$	0.00		
	TY-FIRST	SUBSCRIBER GRO		ii e	Y-SECOND	SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u> </u>						
	<u></u>		<u></u>	-	<u> </u>				
	<u>.</u>		<u>-</u>	-					
	<u></u>								
			<u></u>						
			<del></del>		<del></del>	H			
	<b>_</b>								
	<b>_</b>		<del>.  </del>		<del></del>				
	<b></b>		-						
Total DSEs	1		0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	ı Group	\$	0.00				
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes ab	oove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  White the system is a system in the system in th									
				ATE FEES FOR EACH					
SEVENT COMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	UP <b>0</b>	SEVENT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROU	JP <b>0</b>	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
			<u> </u>		<u> </u>			and Syndicated	
			<del></del>		<del></del>			Exclusivity	
								Surcharge	
			<u> </u>		<u> </u>			for Partially	
			<del>-</del>		<u></u>			Distant	
								Stations	
	<u> </u>								
	<u> </u>								
			<u></u>						
Total DSEs			0.00	Total DSEs		1	0.00		
Gross Receipts First Group \$ 0.00				Gross Receipts Secon					
Fross Receipts First Group			0.00	Gross Receipts Secon	lu Group	\$	0.00		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon	d Group	\$	0.00		
	TY-FIFTH	SUBSCRIBER GRO			NTY-SIXTH	SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	ļ								
	ļ								
Total DSEs	1		0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
V.00					•				
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	Group	\$	0.00			
ase Rate Fee: Add the			riber group a	II	oove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
				ATE FEES FOR EACH	H SUBSCR	BER GROUP			
		SUBSCRIBER GRO		(1)		SUBSCRIBER GROU	JP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
			<u></u>					Syndicated Exclusivity	
	<u>.</u>			-				Surcharge	
								for	
								Partially	
								Distant	
			<del></del>					Stations	
	<b></b>		-						
			<u></u>						
Total DSEs	ļ		0.00	Total DSEs		Į. <b>I</b>	0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	na Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	nd Group	\$	0.00		
SEVENTY-NINTH SUBSCRIBER GROUP			UP		EIGHTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN D		DSE			
	<u></u>		<u>-</u>	-		<del>                                     </del>			
	<b></b>		-						
			<u></u>	-		<u>                                     </u>			
			<del></del>			<del>                                     </del>			
	ļ		<u> </u>						
	<u> </u>		<del></del>						
	<b></b>		-			<u> </u>			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
							<del></del>		
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
E	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	I SUBSCRI	BER GROUP			
EIGH COMMUNITY/ AREA	TY-FIRST	SUBSCRIBER GROU	JP 0	EIGHT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	JP <b>0</b>	9	
								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	
			<del>-</del>						
	-								
Total DSEs			0.00	Total DSEs		-	0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secor	nd Group	\$	0.00		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon		\$	0.00		
EIGHTY-THIRD SUBSCRIBER GROUP					Y-FOURTH	SUBSCRIBER GROU			
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 Group \$ 0.00			0.00	Gross Receipts Fourth	n Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	n Group	\$	0.00			
roup \$	\$ e fees		0.00		n Group				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Hiawatha Broadband Communications, Inc.  SYSTEM ID#  061405									
				ATE FEES FOR EACH					
EIGH COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GROU	JP <b>0</b>	EIG COMMUNITY/ AREA	HTY-SIXTH	SUBSCRIBER GROU	P <b>0</b>	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL GIGIT	DOL	O/ILL GIGIT	DOL	O'ALE GIGIT	DOL	O'ALE GIGIT	DOL	Base Rate Fee	
								and	
					<u> </u>			Syndicated Exclusivity	
					<u></u>			Surcharge	
								for	
								Partially	
					<del>.  </del>			Distant Stations	
					<del>.  </del>				
	<b>-</b>		<u> </u>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon		\$	0.00		
	SEVENTH	SUBSCRIBER GROU	JP <b>0</b>		TY-EIGHTH	SUBSCRIBER GROU	P 0		
COMMUNITY/ AREA			<u> </u>	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<u> </u>				
			•		<u>-</u>				
					<u> </u>				
					<u> </u>				
					<del></del>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	ı Group	\$	0.00			
e base ra				Base Rate Fee Fourth		\$	0.00		

LEGAL NAME OF OWNER						SY	STEM ID#	Name
Hiawatha Broadba	nd Comr	nunications, Inc.					061405	Name
B	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIN	DOL	CALL SIGN	DOL	CALL SIGIV	DOL	OALL SIGN	DOL	Base Rate Fee
			<del></del>					and
			<u>-</u>					Syndicated
	•		<del></del>					Exclusivity
			<u>-</u>					Surcharge
			<u>-</u>					for
			<u>-</u>					Partially
	•		<u> </u>					Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	JP	NINET	/-SECOND	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	<u>.</u>		<u>.</u>					
	<u>-</u>		<del>-</del>				_	
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Possints Third O	roup	•		Gross Possints Farmet	Group	ė	•	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			riber group :	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER Hiawatha Broadba						S	061405	Name
				ATE FEES FOR EACH				
NINE COMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GROUP  0		COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GROU	IP <b>0</b>	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
			<u></u>			-		Syndicated Exclusivity
								Surcharge
								for
			<u></u>			<u> </u>		Partially Distant
								Stations
						-		
						-		
			-			H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO		ii .	IETY-SIXTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			<u>-</u>			<del>                                     </del>		
						-		
			<u> </u>			<u> </u>		
			<del></del>					
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Hiawatha Broadba						S	YSTEM ID# 061405	Name
				ATE FEES FOR EACH	I SUBSCRI	BER GROUP	-	
NINETY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	NINE COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	P 0	9
OALL CION	T por	I call closs		OALL CION	T por	II call closs		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
			<u> </u>					Exclusivity
			<u></u>		<u> </u>			Surcharge for
			<del>-</del>					Partially
								Distant
			<u></u>					Stations
			<u> </u>					
				-				
	<del></del>		<del>-</del>	1	<b></b>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-NINTH	SUBSCRIBER GRO		ii e	JNDREDTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			<u> </u>					
			<del></del>					
			<del></del>					
			<u> </u>					
			<u></u>		<u> </u>			
			<u>-</u>	-				
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER Hiawatha Broadba						S	YSTEM ID# 061405	Name
				ATE FEES FOR EACH	SUBSCRI	BER GROUP	221-100	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	Р	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<u> </u>			Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
			-					
	•							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	ED THIRD	SUBSCRIBER GROU		ti -	D FOURTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		•••••••					
	•							
	<u></u>							
	<u></u>		<u> </u>		<u></u>			
	-		-					
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.	\$		

LEGAL NAME OF OWNE Hiawatha Broadba							061405	Name
				TE FEES FOR EAC				
	RED FIFTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO		ONE HUND	RED EIGHTH	SUBSCRIBER GROU	JP	
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 (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
, · · · · · ·	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Hiawatha Broadba						\$	061405	Name
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	RED NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<del></del>			Exclusivity Surcharge
					·····			for
								Partially
								Distant
								Stations
					<del></del>			
					·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	ELEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
					<del></del>			
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Oloss Necelpla Tillia	этоир	.*	0.00	Oross Receipts Four	штогоар	<u>*</u>	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Hiawatha Broadbar						SY	STEM ID#	Name
							061405	
				ATE FEES FOR EACH				
ONE HUNDRED THIF COMMUNITY/ AREA	RIEENIH	SUBSCRIBER GROU	<b>0</b>	COMMUNITY/ AREA	RIEENIH	SUBSCRIBER GROUP	0	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 DSFa			0.00	
		•		Total DSEs	d Craun	•	0.00	
Gross Receipts First Gro	oup	3	0.00	Gross Receipts Second	Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED FIR	TEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROUP		
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 Gr	oup	<b>s</b>	0.00	Gross Receipts Fourth	Group	\$	0.00	
<sub>-</sub>	•	<u>·</u>			"IT			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE						•	061405	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED SE	/ENTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	EIGHTEENTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED N	IINTEENTH	SUBSCRIBER GRO		ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
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	Gross Receipts Fou	rth Group	\$	0.00	
	•				,			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to			criber group a	as shown in the boxes	above.	\$		

Manage	061405	5						LEGAL NAME OF OWNE Hiawatha Broadba
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:	E
0		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED TWEN		SUBSCRIBER GROUP	NTY-FIRST	ONE HUNDRED TWE
9 Commutat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	562	O/ILL GIGIT	BOL	O/ LEE GIGIT	562	O/ LEE GIGIT	DOL	O, ILL OIGH
and					<u> </u>			
Syndicate								
Exclusivi								
Surcharg								
for								
Partially								
Distant								
Stations								
		-	ļ		<b> </b>		<mark></mark>	
					<b></b>		<mark></mark>	
		l	<u></u>		<del> </del>		<del></del>	
					<b> </b>		<del></del>	
	_							
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00			Base Rate Fee First Gr
	0.00		a Group	base Nate I ee Secol	0.00	\$	oup	Sase Nate 1 ce 1 list of
	0.00	SUBSCRIBER GROUP			-	SUBSCRIBER GROUP		
	0.00				-			ONE HUNDRED TWE
				ONE HUNDRED TWEN	_			ONE HUNDRED TWE
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	0	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWEI
	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEI COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
	0 DSE	SUBSCRIBER GROUP  CALL SIGN	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA  CALL SIGN  Total DSEs	0 DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEI COMMUNITY/ AREA  CALL SIGN

LEGAL NAME OF OWNER Hiawatha Broadba							061405	Name
		COMPUTATION O		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	id Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$		
ONE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUP	0	ii .	NTY-EIGHTH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	
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	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group :	as shown in the boxes al	bove.	\$		

LEGAL NAME OF OWNER Hiawatha Broadba						S	948TEM ID# 061405	Name
			BASE RA	ATE FEES FOR EACH	I SUBSCRI	BER GROUP		
		SUBSCRIBER GROUP		П		SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
					<u> </u>			for
								Partially
								Distant
			<u></u>					Stations
	<u></u>							
			<b></b>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUP		ti -	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<del></del>			
			<u> </u>		<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
e Rate Fee: Add the rhere and in block			iber group	as shown in the boxes at	oove.	\$		

	YSTEM ID# 061405	S						LEGAL NAME OF OWNER Hiawatha Broadbar
				TE FEES FOR EACH	BASE RA	COMPUTATION OF		
9 Computation	0	SUBSCRIBER GROUP	Y-FOURTH	COMMUNITY/ AREA	0	SUBSCRIBER GROUP	KTY-THIRD	COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
Syndicated							<b>.</b>	
Exclusivity								
Surcharge for								
Partially								
Distant								
Stations								
							<b>-</b>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	Р	SUBSCRIBER GROUP	RTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED THIR
	<b>0</b>			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							<b>_</b>	
							<u> </u>	
					<b></b>		<b></b>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third Gr

	YSTEM ID# 061405	S'						LEGAL NAME OF OWNER Hiawatha Broadbar
Ω		BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA			B ONE HUNDRED THIRTY
<b>9</b> Computation	0	SUBSCRIBER GROUP	IT-EIGHTH	COMMUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
Syndicated								
Exclusivity								
Surcharge for								
Partially								
Distant								
Stations					<u> </u>			
					<u></u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	Р	SUBSCRIBER GROUP	FORTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	TY-NINTH	ONE HUNDRED THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					<u> </u>			
	<del></del>				<u></u>			
					4	H	···	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third Gr

LEGAL NAME OF OWN <b>Hiawatha Broad</b> k			<b>.</b>			,	961405	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC				
	ORTY-FIRST	SUBSCRIBER GROU		i i		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
		<b> </b>		-		.		Surcharge
								for
		<b> </b>				<u> </u>		Partially
								Distant
						.		Stations
		<b> </b>						
F-4-1 DOE		Ш	0.00	T-4-1 DOE		H	0.00	
Total DSEs			0.00	Total DSEs		0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROU	P	ONE HUNDRED F	ORTY-FOURTH	I SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
		<b> </b>				<del>                                     </del>		
		<b> </b>						
		<del> </del>						
		<u> </u>						
Total DSEs		•	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	•	0.00	Gross Receipts Fou	rth Group	•	0.00	
oross ivensihis tilild	Эгоир	\$	0.00	Gloss Receipts Fou	ιαι Θιουρ	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	II as shown in the boxes	above.	s		

LEGAL NAME OF OWN <b>Hiawatha Broad</b> k			·.			,	061405	Name
	BLOCK A:	COMPUTATION (	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	ORTY-FIFTH	SUBSCRIBER GROU		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
		<b> </b>		-	•••••			for
								Partially
								Distant
								Stations
		<b> </b>				<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	·							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<b> </b>						
						-		
		<b> </b>						
F 4 1 DOF			0.00	T 1 1 DOS			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	II as shown in the boxes	above.	e		

LEGAL NAME OF OWNER Hiawatha Broadba						S	YSTEM ID# 061405	Name
				ATE FEES FOR EACH	I SUBSCRI	BER GROUP		
ONE HUNDRED FOR COMMUNITY/ AREA				ONE HUNDRE COMMUNITY/ AREA	9			
							Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
			<del>.  </del>					and
			-					Syndicated
								Exclusivity
			<u> </u>					Surcharge
			<u></u>					for Partially
			<del></del>					Distant
								Stations
			<u></u>					
			<del>-</del>	-				
			-	-				
Total DSEs			0.00	Total DSEs	·		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<u></u>					
			<u></u>	-				
			<u> </u>					
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			<u>-</u>					
			<u> </u>					
			<u></u>		<u> </u>			
				-				
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
ase Rate Fee: Add the			riber group :	as shown in the boxes al	bove.	\$		

LEGAL NAME OF OWNER Hiawatha Broadba						S	061405	Name	
				ATE FEES FOR EACH					
COMMUNITY/ AREA						ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	COLID	•	0.00	Gross Receipts Secon	ad Group	•	0.00		
Gioss Receipis Filst Gi	oup	1	0.00	Gloss Receipts Secon	id Group	\$	0.00		
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
	TY-FIFTH	SUBSCRIBER GRO		ii .	IFTY-SIXTH	SUBSCRIBER GROU			
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	Froup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00		
		e fees for each subsc pace L (page 7)	riber group	as shown in the boxes a	bove.	\$			

9								LEGAL NAME OF OWNER Hiawatha Broadbar
9				TE FEES FOR EACH	BASE RA			
Computatio						PRED FIFTY-SEVENTH SUBSCRIBER GROUP  ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
Syndicated								
Exclusivity								
Surcharge for								
Partially								
Distant							-	
Stations								
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-								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	Р	SUBSCRIBER GROUP	SIXTIETH	ONE HUNDRED	JP	SUBSCRIBER GROU	ΓY-NINTH	ONE HUNDRED FIFT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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1								
-					<b></b>		<u> </u>	
]					<b></b>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr
	0.00							

FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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

Space I Substitute

		Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☐ Letter sent	$\square$ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐ Information received	
☐ Accepted		
	☐ Phone call/Date/Contact	
	☐ Phone call/Date/Contact	Space O Certification
☐ Letter sent	☐ Phone call/Date/Contact ☐ Information received	-
☐ Letter sent		-
	☐ Information received	-
	☐ Information received	Space P Statement of
☐ Accepted	☐ Information received ☐ Phone call/Date/Contact	Space P Statement of
☐ Accepted	☐ Information received ☐ Phone call/Date/Contact ☐ Information received	Space P Statement of
☐ Accepted	☐ Information received ☐ Phone call/Date/Contact ☐ Information received	Space P Statement of Gross Receipts  Space Q Interest