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

Return completed workbook by email to:

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						
AMOUNT						
\$						
ALLOCATION NUMBER						

coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting		2024/2				
Period						
B Owner	rate	tructions: Give the full legal name of the owner of the cable system. If the owner is a e title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owne ingle statement of account and royalty fee payment covering the entire accound Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable syster r on the last day of the punting period.	n. e accounting period should su		062414
	LE	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		Volunteer Wireless, LLC				
				(062414	20242
					062414	2024/2
		P.O. Box 670				
		McMinnville, TN 37111				
	INIC		identify the hypeines	and exercise of the eve	tono unloco	these
С		STRUCTIONS: In line 1, give any business or trade names used to nes already appear in space B. In line 2, give the mailing address of				
System	1	IDENTIFICATION OF CABLE SYSTEM:				
	-					
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		(City, town, state, zip code)				
D						- 41-
_		tructions: For complete space D instructions, see page 1b. Identif h all communities.	y only the irst comm	numity served below and re	enst on pag	eib
Area Served	wit	CITY OR TOWN	STATE			
First		McMinnville	TN			
Community	Е	elow is a sample for reporting communities if you report multiple ch	annel line-ups in S	pace G.		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Ald	Α		1		
Cumpic	Alli	ance	MD	В		2
	Gei	ring	MD	В		3
Deixe er Art Note			- + + : - + + :	in a information (DII) as more to do a	41-1-	
-		tion 111 of title 17 of the United States Code authorizes the Copyright Offce to colle- your statement of account. PII is any personal information that can be used to identif		• • • •		
		II, you are agreeing to the routine use of it to establish and maintain a public record,	•			
		for the public. The effect of not providing the PII requested is that it may delay proce			ne	
completed record (n state	ements of account, and it may affect the legal suffciency of the fling, a determination	unat would be made by a	a court of law.		

ORM SA3E. PAGE 1b.				1
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Volunteer Wireless, LLC			062414	
Instructions: List each separate community served by the cable system. A "comm in FCC rules: "a separate and distinct community or municipal entity (including unir areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). Th of system identification hereafter known as the "first community." Please use it as th	corporated communit ne frst community that	ies within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile below the identified city or town.	-	-	ntheses	
If all communities receive the same complement of television broadcast stations (i.e. all communities with the channel line-up "A" in the appropriate column below or lea on a partially distant or partially permitted basis in the DSE Schedule, associate ea designated by a number (based on your reporting from Part 9).	ve the column blank.	f you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-co channel line-up designated by an alpha-letter(s) (based on your Space G reporting (based on your reporting from Part 9 of the DSE Schedule) in the appropriate colur) and a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#]
McMinnville	TN	В	6	First
Altamont	TN	С	8	Community
Beech Grove	TN	В	5	
Beersheba Springs	TN	С	8	
Bethany	TN	B	6	
Bon Air		B	4	See instructions for
Bone Cave		B	7	additional information on alphabetization.
Campaign Cassville	TN TN	B	1 4	
Cassvine		B		
Coalmont		Б С	1 2	
Crossville		A	3	Add rows as necessary
Derossett		B	4	
Dibrell	TN	B	1	
Doyle	TN	B	4	
Gruetli-Laager	TN	Ċ	2	
Hiawassee	TN	В	1	
Hillsboro	TN	B	5	
Manchester	TN	В	5	
Monteagle-Grundy Co.	TN	С	9	
Monteagle-Marion Co.	TN	С	9	
Morrison	TN	В	1	
Quebeck	TN	В	4	
Palmer	TN	С	2	
Pelham	TN	С	8	
Ravenscroft	TN	B	4	
Rock Island		B	1	
Smartt		B	1	
Sparta Spancer		B	4	
Spencer Tracy City	TN TN	Б С	/ 2	
Tracy City Viola		B	6	
Walling		В	6 4	
Fairfield Glade	TN	A	3	
Sewanee	TN	B	10	
Bedford Co.	TN	B	6	
Cannon Co	TN	B	6	
Dekalb Co.	TN	B	6	
Rutherford Co.	TN	В	6	

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTE	M ID				
inallie	Volunteer Wireless, LLC	2							06	5241				
Е	SECONDARY TRANSMISSION													
E	In General: The information in s			-		-								
Secondary	system, that is, the retransmission about other services (including p													
Transmission	last day of the accounting period							sting on the						
Service: Sub-	Number of Subscribers: Both						able syster	m, broken						
scribers and	down by categories of secondar													
Rates	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).													
	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													
	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													
	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 setting that parson or optity should be counted as a subscriber in each applicable setting. Example: a residential													
	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	-		-										
	printed in block 1 (for example, t													
	with the number of subscribers a sufficient.	and rates, in th	ie right-	nand block. A	two- or thre	ee-word descrip	ption of the	service is						
		DCK 1					BLOC	K 2						
		NO. OF		DATE	CAT			NO. OF	Б					
	CATEGORY OF SERVICE Residential:	SUBSCRIB	SUBSCRIBERS RATE			EGORY OF SE	RVICE	SUBSCRIBERS	ĸ	ATE				
	Service to first set		8,192	\$ 57.95	Roku			87	\$	41.9				
	Service to additional set(s)	8,192 \$ 57.95 2,187 \$ 4.95			HD Box	854		4.9						
	• FM radio (if separate rate)				HD/DVR/Whole Home DVR				\$	4.9				
	Motel, hotel				HD/DVR/Whole Home DVR DVR Box				\$	4.9				
	Commercial								L					
	Converter													
	Residential													
	Non-residential													
	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sy	istom's so	rvices that were						
F	not covered in space E, that is, t		'		•									
	service for a single fee. There a					,	,							
Services	furnished at cost or (2) services													
Other Than	-		s usuall	y billed. If any	rates are c	harged on a va	riable per-p	program basis,						
Secondary ransmissions:	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 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													
Rates	_	separate char	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.											
	listed in block 1 and for which a		-		-	t these other se								
	listed in block 1 and for which a	ption and inclu	de the i		-	t these other se		BLOCK 2						
	listed in block 1 and for which a		de the i CK 1	rate for each.	blished. Lis	t these other se		BLOCK 2	R	ATE				
	listed in block 1 and for which a brief (two- or three-word) descrip	ption and inclu BLO	de the I CK 1 CATE		Nished. Lis				R	ATE				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclu BLO	de the I CK 1 CATE Install	rate for each. GORY OF SE	Nished. Lis			DRY OF SERVICE	R \$					
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclu BLO	de the r CK 1 CATE Install	rate for each. GORY OF SE ation: Non-re	Nished. Lis		CATEGO	DRY OF SERVICE		11.9				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and inclu BLO	de the r CK 1 CATEC Install • Mo • Co	rate for each. GORY OF SE ation: Non-re	Nished. Lis		CATEGO Cinemax		\$	ATE 11.9 17.9 28.9				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	ption and inclu BLO	de the i CK 1 CATEO Install • Mo • Co • Pa • Pa	GORY OF SE ation: Non-re otel, hotel ommercial y cable y cable-add'l o	RVICE sidential		CATEGO Cinemaz HBO HBO/Cir HBO/Cir	DRY OF SERVICE nemax nemax/Strz/Encr	\$ \$	11.9 17.9 28.9 37.9				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	ption and inclu BLO	de the i CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir	rate for each. GORY OF SE ation: Non-re otel, hotel ommercial y cable y cable-add'l o e protection	RVICE sidential		CATEGO Cinemaa HBO HBO/Cir HBO/Cir Showtin	DRY OF SERVICE emax hemax/Strz/Encr he/Cinemax/HBO	\$ \$ \$ \$ \$	11.9 17.9 28.9 37.9 37.9				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	ption and inclu BLO	de the i CK 1 CATE(Install • Co • Pa • Pa • Fir • Bu	rate for each. GORY OF SE lation: Non-re otel, hotel ommercial y cable y cable y cable-add'l o e protection rglar protectio	RVICE sidential		CATEGO Cinemax HBO HBO/Cir Showtin Showtin	DRY OF SERVICE nemax nemax/Strz/Encr ne/Cinemax/HBO ne/Flix/TMC	\$ \$ \$ \$ \$ \$	11.9 17.9 28.9 37.9 37.9 10.9				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclu BLO	de the r CK 1 CATE(Install • Mc • Co • Pa • Pa • Fir • Bu Other	GORY OF SE ation: Non-re otel, hotel ommercial y cable y cable-add'l o e protection rglar protectio services:	RVICE sidential	RATE	CATEGO Cinemax HBO HBO/Cir HBO/Cir Showtin Showtin Starz/En	DRY OF SERVICE memax memax/Strz/Encr me/Cinemax/HBO me/Flix/TMC mcore	\$ \$ \$ \$ \$ \$	11.9 17.9 28.9 37.9 37.9 10.9 11.9				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclu BLO	de the i CK 1 CATE(Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re	atte for each. GORY OF SE ation: Non-re otel, hotel ommercial y cable y cable-add'l of e protection rglar protectio services: econnect	RVICE sidential		CATEGO Cinemax HBO HBO/Cir HBO/Cir Showtin Showtin Starz/En Starz/En	DRY OF SERVICE	\$ \$ \$ \$ \$ \$	11.9 17.9 28.9 37.9 37.9 10.9 11.9				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclu BLO	de the i CK 1 CATE(Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re • Dis	atte for each. GORY OF SE ation: Non-re otel, hotel ommercial y cable y cable-add'l of e protection rglar protectio services: econnect sconnect	RVICE sidential	RATE	CATEGO Cinemax HBO HBO/Cir HBO/Cir Showtin Showtin Starz/En HBO/Cr	DRY OF SERVICE memax memax/Strz/Encr me/Cinemax/HBO me/Flix/TMC mcore mcore/Showtime max/Showtime/	\$ \$ \$ \$ \$ \$ \$	11.9 17.9 28.9 37.9 37.9 10.9 11.9 20.9				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclu BLO	de the i CK 1 CATE(Install • Mc • Co • Pa • Pa • Fin • Bu • Bu • Bu • Co • Co • Co • Co • Co • Co • Co • Co	atte for each. GORY OF SE ation: Non-re otel, hotel ommercial y cable y cable-add'l of e protection rglar protectio services: econnect	RVICE sidential	RATE	CATEGO Cinemax HBO HBO/Cir HBO/Cir Showtin Showtin Starz/En Starz/En	DRY OF SERVICE	\$ \$ \$ \$ \$ \$	11.9 17.9 28.9 37.9 37.9 10.9 11.9				

LEGAL NAME OF OV	WNER OF CABLE SY	STEM:			SYSTEM ID#	Name
Volunteer Wi	reless, LLC				062414	
PRIMARY TRANSMIT	TERS: TELEVISIO	NC				
	· ·				ns and low power television stations)	G
	, ,			. ,	ried only on a part-time basis under rtain network programs [sections	Ŭ
76.59(d)(2) and (4),	76.61(e)(2) and	(4), or 76.63	(referring to 76.	•	; and (2) certain stations carried on a	Primary
substitute program b Substitute Basis				as carried by you	cable system on a substitute program	Transmitters: Television
basis under specifc			-	is carried by you	cable system on a substitute program	Television
			st it in space I (t	he Special State	nent and Program Log)—if the	
station was carrie List the station her			tation was carrie	ed both on a subs	titute basis and also on some other	
basis. For further	information con				of the general instructions located	
in the paper SA3 Column 1: List e		l sian. Do not	report originatio	on program servio	ces such as HBO, ESPN, etc. Identify	
each multicast strea	m associated wit	th a station a	ccording to its o	ver-the-air desigr	ation. For example, report multi-	
cast stream as "WE NETA-simulcast).	TA-2". Simulcast	streams mus	st be reported in	i column 1 (list ea	ch stream separately; for example	
,	the channel num	ber the FCC	has assigned to	the television st	ation for broadcasting over-the-air in	
			hannel 4 in Was	hington, D.C. Thi	s may be different from the channel	
on which your cable Column 3: Indica			station is a netw	ork station, an in	dependent station, or a noncommercial	
educational station,	by entering the le	etter "N" (for i	network), "N-M"	(for network mult	icast), "I" (for independent), "I-M"	
	<i>,,</i> (· ·	commercial educational multicast). the paper SA3 form.	
Column 4: If the	station is outside	e the local se	rvice area, (i.e.	"distant"), enter "`	Yes". If not, enter "No". For an ex-	
planation of local se					he paper SA3 form. , stating the basis on which your	
-			-	-	ntering "LAC" if your cable system	
carried the distant s	tation on a part-ti	ime basis beo	cause of lack of	activated channe	l capacity.	
					Ity payment because it is the subject ystem or an association representing	
•						
,	id a primary trans	smitter or an a	association repi	esenting the prin	ary transmitter, enter the designa-	
tion "E" (exempt). Fo	or simulcasts, als	o enter "E". I	f you carried the	e channel on any	other basis, enter "O." For a further	
tion "E" (exempt). For explanation of these	or simulcasts, als three categories	so enter "E". I s, see page (\	f you carried the v) of the general	e channel on any l instructions loca		
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of	or simulcasts, als three categories the location of ea or Canadian statio	so enter "E". I s, see page (v ach station. F ons, if any, gi	f you carried the v) of the general or U.S. stations ve the name of	e channel on any l instructions loca , list the commun the community w	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the ith which the station is identifed.	
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of	or simulcasts, als three categories the location of ea or Canadian statio	so enter "E". I s, see page (v ach station. F ons, if any, gi	f you carried the v) of the general or U.S. stations ve the name of	e channel on any l instructions loca , list the commun the community w	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the ith which the station is identifed.	
tion "E" (exempt). For explanation of these Column 6: Give	or simulcasts, als three categories the location of ea or Canadian statio	so enter "E". I s, see page (\ ach station. F ons, if any, gi nnel line-ups	f you carried the v) of the general or U.S. stations ve the name of a use a separate	e channel on any l instructions loca , list the commun the community w	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the ith which the station is identifed.	
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utili	or simulcasts, als three categories the location of ea or Canadian statio	so enter "E". I s, see page (\ ach station. F ons, if any, gi nnel line-ups	f you carried the v) of the general or U.S. stations ve the name of a use a separate	e channel on any l instructions loca , list the commun the community w e space G for eac	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the ith which the station is identifed.	-
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utili	or simulcasts, also three categories the location of ec or Canadian statio zing multiple cha	so enter "E". I s, see page (v ach station. F ons, if any, gi unnel line-ups CHANN 3. TYPE OF	f you carried the v) of the general or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	e channel on any linstructions loca , list the community w e space G for eac A-Crossville 5. BASIS OF CARRIAGE	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed. h channel line-up.	-
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utili 1. CALL SIGN	or simulcasts, als three categories the location of ex- or Canadian static izing multiple cha 2. B'CAST CHANNEL NUMBER	so enter "E". I s, see page (v ach station. F ons, if any, gi innel line-ups CHANN 3. TYPE	f you carried the v) of the general or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	e channel on any l instructions loca , list the community w e space G for eac A-Crossville 5. BASIS OF	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed. h channel line-up.	
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utili 1. CALL SIGN	or simulcasts, als e three categories the location of ec or Canadian static izing multiple cha 2. B'CAST CHANNEL	so enter "E". I s, see page (v ach station. F ons, if any, gi unnel line-ups CHANN 3. TYPE OF	f you carried the v) of the general or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	e channel on any linstructions loca , list the community w e space G for eac A-Crossville 5. BASIS OF CARRIAGE	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed. h channel line-up.	
ion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utilit 1. CALL SIGN	or simulcasts, als three categories the location of ex- or Canadian static izing multiple cha 2. B'CAST CHANNEL NUMBER	to enter "E". I s, see page (v ach station. F ons, if any, gi innel line-ups CHANN 3. TYPE OF STATION	f you carried the v) of the general or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	e channel on any linstructions loca , list the community w e space G for eac A-Crossville 5. BASIS OF CARRIAGE	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed. th channel line-up. 6. LOCATION OF STATION	-
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utili 1. CALL SIGN WATE-DT WATE-HD	2. B'CAST CHANNEL NUMBER	to enter "E". I s, see page (v ach station. F ons, if any, gi innel line-ups CHANN 3. TYPE OF STATION N-M	f you carried the v) of the general or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	e channel on any linstructions loca , list the community w e space G for eac A-Crossville 5. BASIS OF CARRIAGE	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the ith which the station is identifed. th channel line-up. 6. LOCATION OF STATION Knoxville, TN	
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utili 1. CALL SIGN WATE-DT WATE-HD WATE-DT2	2. B'CAST CHANNEL NUMBER 26.1	o enter "E". I s, see page (v ach station. F ons, if any, gi innel line-ups CHANN 3. TYPE OF STATION N-M N	f you carried the v) of the general or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	e channel on any linstructions loca , list the community w e space G for eac A-Crossville 5. BASIS OF CARRIAGE	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed. th channel line-up. 6. LOCATION OF STATION Knoxville, TN Knoxville, TN	See instructions for
tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican or Note: If you are utili 1. CALL SIGN WATE-DT WATE-HD WATE-DT2 WATE-DT3	2. B'CAST CHANNEL NUMBER 26.26.2	to enter "E". I s, see page (v ach station. F ons, if any, gi innel line-ups CHANN 3. TYPE OF STATION N-M N-M	f you carried the v) of the general or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	e channel on any linstructions loca , list the community w e space G for eac A-Crossville 5. BASIS OF CARRIAGE	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed. th channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Knoxville, TN Knoxville, TN	See instructions for additional informatio on alphabetization.
ion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utili 1. CALL SIGN WATE-DT WATE-HD WATE-DT2 WATE-DT3 WATE-DT4	2. B'CAST CHANNEL NUMBER 26.2 26.3	to enter "E". I s, see page (v ach station. F ons, if any, gi innel line-ups CHANN 3. TYPE OF STATION N-M N-M N-M	f you carried the v) of the general or U.S. stations ve the name of , use a separate EL LINE-UP 4. DISTANT? (Yes or No)	e channel on any linstructions loca , list the community w e space G for eac A-Crossville 5. BASIS OF CARRIAGE	other basis, enter "O." For a further ted in the paper SA3 form. ity to which the station is licensed by the ith which the station is identifed. th channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Knoxville, TN Knoxville, TN Knoxville, TN Knoxville, TN	additional information
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	WNER OF CABLE SY	STEM:			SYSTEM ID#	Name
Volunteer Wi	reless, LLC				062414	
PRIMARY TRANSMI	TERS: TELEVISIO	N				
					and low power television stations) only on a part-time basis under	G
				,	in network programs [section:	•
76.59(d)(2) and (4), substitute program b			•	(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitters
				carried by your ca	able system on a substitute program	Television
pasis under specifc	, 0	,		Created Statema	nt and Drogrom Log) if the	
	ed only on a subst		it in space i (the	Special Stateme	nt and Program Log)—if the	
					the basis and also on some othe	
in the paper SA3		erning substitu	ite basis stations	s, see page (v) or	the general instructions located	
		-			such as HBO, ESPN, etc. Identify	
			•	•	on. For example, report multi stream separately; for example	
WETA-simulcast).	the channel numb	or the ECC he	a accigned to the		on for broadcasting over the air i	
			•		on for broadcasting over-the-air i nay be different from the chann∈	
on which your cable			tion is a natural	k atatian an inda	-	
					bendent station, or a noncommercia st), "I" (for independent), "I-M	
(for independent mu	ilticast), "E" (for no	ncommercial	educational), or	"E-M" (for noncol	mmercial educational multicast)	
For the meaning of t Column 4: If the	· ·	0 ()	0		e paper SA3 form s". If not, enter "No". For an ex⊷	
planation of local se	rvice area, see pa	ge (v) of the g	eneral instructio	ons located in the	paper SA3 form	
					tating the basis on which you ering "LAC" if your cable syster	
carried the distant s	tation on a part-tin	ne basis becau	use of lack of ac	tivated channel c	apacity	
					payment because it is the subjec tem or an association representin	
the cable system an	d a primary transr	nitter or an as	sociation repres	enting the primar	y transmitter, enter the designa	
,					ner basis, enter "O." For a furthe I in the paper SA3 form	
					to which the station is licensed by th	
				•	which the station is identifed	
Note: If you are utili	• •	nel line-ups, u	se a separate s	pace G for each o	channel line-up.	
CHANNEL LI	NE-UP B			Coffee, Fran	Lin Wawan White 9 Van Duran Cau	ntine
					klin, Warren, White & VanBuren Cou	111105
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
1. CALL SIGN	CHANNEL	OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER 22	OF STATION E-M	(Yes or No) Yes	5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Cookeville, TN	
SIGN WCTE-DT WCTE-HD	CHANNEL NUMBER 22 22.1	OF STATION E-M E	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Cookeville, TN Cookeville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT	CHANNEL NUMBER 22 22.1 22.1 27	OF STATION E-M	(Yes or No) Yes	5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT	CHANNEL NUMBER 22 22.1	OF STATION E-M E	(Yes or No) Yes	5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Cookeville, TN Cookeville, TN	
SIGN	CHANNEL NUMBER 22 22.1 22.1 27	OF STATION E-M E	(Yes or No) Yes	5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT	CHANNEL NUMBER 22 22.1 27 27.1	OF STATION E-M E N-M N	(Yes or No) Yes	5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN Nashville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD	CHANNEL NUMBER 22 22.1 27 27.1 23	OF STATION E-M E N-M N	(Yes or No) Yes	5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN Nashville, TN Nashville, TN	
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SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8	OF STATION E-M E N-M N I-M I E-M	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8 8.1	OF STATION E-M E N-M I-M I E-M E	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN	
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SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-HD WSMV-DT3	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8 8.1 10 10.1	OF STATION E-M E N-M I E-M E N-M N I-M	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-DT WSMV-DT3 WTVF-DT	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8 8.1 10 10.1 10.3 5	OF STATION E-M E N-M I-M E-M E N-M N-M	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-DT WSMV-DT WSMV-DT3 WTVF-DT	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8 8.1 10 10.1 10.1 10.3 5 5.1	OF STATION E-M E N-M I-M I E-M E N-M N I-M N N-M N	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
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SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-DT WSMV-DT3 WTVF-DT WTVF-HD WTVF-DT3	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8 8.1 10 10.1 10.3 5 5.1 5.1 5.3 21	OF STATION E-M E N-M I E-M E N-M N I-M N I-M N I-M N I-M	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-DT WSMV-DT3 WTVF-DT3 WTVF-DT3 WUXP-DT WUXP-DT	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8 8.1 10 10.1 10.3 5.1 5.1 5.3 21 21.1	OF STATION E-M E N-M I E-M E N-M N I-M N I-M N I-M I-M I-M I-M I	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
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SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-DT WSMV-DT3 WTVF-DT3 WTVF-DT3 WTVF-DT3 WTVF-DT3 WTVF-DT3 WTVF-DT3 WUXP-DT WUXP-DT WUXP-HD	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8.1 10 10.1 10.3 5 5.1 5.3 21 21.1 15 15.1	OF STATION E-M E N-M I E-M E N-M N I-M N I-M N I-M I-M I-M I-M I	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8 8.1 10 10.1 10.3 5 5.1 5.1 5.3 21 21.1 15	OF STATION E-M E N-M I-M E-M E N-M N I-M N-M I-M I-M I-M I-M I-M	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WTVF-DT3 WTVF-DT3 WUXP-DT WUXP-DT WUXP-HD WZTV-HD WZTV-HD WZTV-HD	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8.1 10 10.1 10.3 5 5.1 5.3 21 21.1 15 15.1 5.2 27.2	OF STATION E-M E N-M I I E-M E N-M E N-M N I-M I-M I-M I I I-M I I M-M I I I I I I	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-HD WSMV-DT WSMV-HD WTVF-DT3 WUXP-HD WZTV-HD WZTV-HD WZTV-HD WZTV-HD WZTV-HD WZTV-HD	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8.1 10 10.1 10.3 5 5.1 5.3 21 21.1 15 15.1 5.2 27.2 27.3	OF STATION E-M E N-M I E N-M E N-M N I-M I-M I-M I I-M I I N-M I-M I I M I I M I I M I I M I I M I I M I I M I I M I I M I N I N	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville,	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-DT WSMV-DT WSMV-DT WSMV-DT WTVF-DT WTVF-DT WTVF-DT3 WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-HD WTVF-DT3 WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WXRN-DT2 WKRN-DT3 WKRN-DT4	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8.1 10 10.1 10.3 5 5.1 5.3 21 21.1 15 15.1 5.2 27.2 27.3 27.4	OF STATION E-M E N-M I I E-M E N-M E N-M I N-M I-M I-M I I I I I M I I M I I M I I M I I M I I M I I M I I M I I M I I M I I M I I M I M I N M I M I	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville,	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-HD WSMV-HD WSMV-HD WSMV-HD WTVF-DT WTVF-HD WTVF-DT3 WUXP-DT WUXP-HD WTVF-DT3 WUXP-HD WTVF-DT2 WZTV-HD	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8.1 10 10.1 10.3 5 5.1 5.3 21 21.1 15 15.1 5.2 27.2 27.3	OF STATION E-M E N-M I E N-M E N-M N I-M I-M I-M I I-M I I N-M I-M I I M I I M I I M I I M I I M I I M I I M I I M I I M I N I N	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville,	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-DT WSMV-DT WSMV-DT3 WTVF-DT3 WTVF-DT3 WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-HD WTVF-DT3 WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WXRN-DT2 WKRN-DT2 WKRN-DT2	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8.1 10 10.1 10.3 5 5.1 5.3 21 21.1 15 15.1 5.2 27.2 27.3 27.4	OF STATION E-M E N-M I I E-M E N-M E N-M I-M I-M I-M I-M I I I I-M I I I I I I	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville,	
SIGN WCTE-DT WCTE-HD WKRN-DT WKRN-HD WNAB-DT WNAB-HD WNPT-DT WNPT-HD WSMV-DT WSMV-DT WSMV-DT WSMV-DT3 WTVF-DT3 WTVF-DT3 WUXP-DT WTVF-DT3 WUXP-DT WUXP-DT WUXP-DT WUXP-HD WTVF-DT3 WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT WUXP-DT2 WKRN-DT2 WKRN-DT2 WKRN-DT2 WKRN-DT2 WJFB	CHANNEL NUMBER 22 22.1 27 27.1 23 23.1 8 8.1 10 10.1 10.3 5 5.1 5.3 21 21.1 15 15.1 5.2 27.2 27.3 27.4 10.2 44	OF STATION E-M E N-M I I E-M E N-M E N-M I-M I-M I-M I-M I I I I-M I I I I I I	(Yes or No) Yes Yes Yes	5. BASIS OF CARRIAGE (If Distant) O E	6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville,	

FORM SA3E. PAGE 3. LEGAL NAME OF OW		STEM:			SYSTEM ID#	
Volunteer Wire					062414	Name
PRIMARY TRANSMITT	TERS: TELEVISIO	DN				
carried by your cable FCC rules and regula	system during the system during the system during the system of the syst	he accounting n June 24, 198	period except (* 81, permitting th	1) stations carried e carriage of cert	and low power television stations) only on a part-time basis unde ain network programs [section and (2) certain stations carried on	G Primary
substitute program ba				carried by your o	able system on a substitute prograr	Transmitters: Television
basis under specifc F				camed by your c	able system on a substitute program	Television
			t it in space I (the	e Special Statem	ent and Program Log)—if th	
	, and also in spa	ice I, if the sta			ute basis and also on some othe f the general instructions locate	
each multicast stream	ach station's call n associated with	n a station acc	cording to its ove	er-the-air designa	s such as HBO, ESPN, etc. Identif tion. For example, report mult n stream separately; for exampl	
WETA-simulcast).						
			•		on for broadcasting over-the-air i may be different from the channe	
on which your cable s	system carried th	ne station		-		
					ependent station, or a noncommercia ast), "I" (for independent), "I-N	
(for independent mult	ticast), "E" (for ne	oncommercial	l educational), or	r "E-M" (for nonco	ommercial educational multicast	
For the meaning of th Column 4: If the s					ne paper SA3 form es". If not, enter "No". For an e>	
planation of local serv	vice area, see pa	age (v) of the	general instructi	ons located in the	e paper SA3 form	
					stating the basis on which you tering "LAC" if your cable syste	
carried the distant sta	ation on a part-tir	ne basis beca	ause of lack of a	ctivated channel	capacity	
					payment because it is the subje stem or an association representin	
0					ry transmitter, enter the design:	
ion "E" (exempt). For	r simulcasts, also	o enter "E". If	you carried the o	channel on any o	her basis, enter "O." For a furthe	
					d in the paper SA3 form / to which the station is licensed by th	
FCC. For Mexican or	Canadian statio	ns, if any, give	e the name of th		which the station is identifed	
Note: If you are utilizi						
Note. Il you are utiliz	ing multiple char	nnel line-ups,	use a separate s	space G for each		
Note. Il you are utilizi	ing multiple char			•		
		CHANN	EL LINE-UP	C-Grundy &	channel line-up. Marion Counties	
	2. B'CAST CHANNEL NUMBER			•	channel line-up.	
1. CALL	2. B'CAST CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	5. BASIS OF CARRIAGE	channel line-up. Marion Counties	
1. CALL SIGN WCTE-DT**	2. B'CAST CHANNEL NUMBER	CHANN 3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	channel line-up. Marion Counties 6. LOCATION OF STATION	
1. CALL SIGN WCTE-DT** WCTE-HD**	2. B'CAST CHANNEL NUMBER 22 22.1	CHANN 3. TYPE OF STATION E-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes	5. BASIS OF CARRIAGE (If Distant)	channel line-up. Marion Counties 6. LOCATION OF STATION Cookeville, TN Cookeville, TN	
1. CALL SIGN WCTE-DT** WCTE-HD** WNAB-DT***	2. B'CAST CHANNEL NUMBER 22 22.1 23	CHANN 3. TYPE OF STATION E-M E	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes	C-Grundy & 5. BASIS OF CARRIAGE (If Distant) 0 E 0	channel line-up. Marion Counties 6. LOCATION OF STATION Cookeville, TN Nashville, TN	
1. CALL SIGN WCTE-DT** WCTE-HD** WNAB-DT*** WNAB-HD***	2. B'CAST CHANNEL NUMBER 22 22.1 23 23.1	CHANN 3. TYPE OF STATION E-M E I-M I	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes	C-Grundy & 5. BASIS OF CARRIAGE (If Distant) O E O E	channel line-up. Marion Counties 6. LOCATION OF STATION Cookeville, TN Nashville, TN Nashville, TN	
1. CALL SIGN WCTE-DT** WCTE-HD** WNAB-DT*** WNAB-HD*** WNPT-DT**	2. B'CAST CHANNEL NUMBER 22 22.1 23 23.1 8	CHANN 3. TYPE OF STATION E-M I E-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes	C-Grundy & 5. BASIS OF CARRIAGE (If Distant) 0 E 0 E 0	channel line-up. Marion Counties 6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN Nashville, TN Nashville, TN	
1. CALL SIGN WCTE-DT** WCTE-HD** WNAB-DT*** WNAB-HD*** WNPT-DT**	2. B'CAST CHANNEL NUMBER 22 22.1 23 23.1 8 8.1	CHANN 3. TYPE OF STATION E-M I E-M E	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes	C-Grundy & 5. BASIS OF CARRIAGE (If Distant) 0 E 0 E 0 E	channel line-up. Marion Counties 6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN	
1. CALL SIGN WCTE-DT** WNAB-DT*** WNAB-HD*** WNPT-DT** WNPT-HD** WSMV-DT*	2. B'CAST CHANNEL NUMBER 22 22.1 23 23.1 8 8.1 10	CHANN 3. TYPE OF STATION E-M E I-M I E-M E N-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes	C-Grundy & 5. BASIS OF CARRIAGE (If Distant) 0 E 0 E 0 E 0 E 0 0 E 0	channel line-up. Varion Counties 6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN	
1. CALL SIGN WCTE-DT** WNAB-DT*** WNAB-HD*** WNPT-DT** WNPT-HD** WSMV-DT*	2. B'CAST CHANNEL NUMBER 22 22.1 23 23.1 8 8.1 10 10.1	CHANN 3. TYPE OF STATION E-M E I-M I E-M E N-M N	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes Yes	C-Grundy & 5. BASIS OF CARRIAGE (If Distant) 0 E 0 E 0 E 0 E 0 E 0 E 0 E	channel line-up. Marion Counties 6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN	
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1. CALL SIGN WCTE-DT** WNAB-DT*** WNAB-HD*** WNPT-DT** WNPT-HD** WSMV-DT* WSMV-HD* WSMV-DT3*	2. B'CAST CHANNEL NUMBER 22 22.1 23.1 23.1 8 8.1 10 10.1 10.3 5	CHANN 3. TYPE OF STATION E-M E I-M E N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes Yes Yes	C-Grundy & 5. BASIS OF CARRIAGE (If Distant) 0 E 0 E 0 E 0 E 0 E 0 C 0 0 0 0 0 0 0 0 0 0 0 0 0	channel line-up. Marion Counties 6. LOCATION OF STATION Cookeville, TN Cookeville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN	
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*DISTANT IN MARION COUNTY ONLY *** DISTANT IN GRUNDY COUNTY ONLY

** DISTANT IN GRUNDY & MARION COUNTIES

Name	LEGAL NAME OF O			:M:				SYSTEM ID# 062414					
H Primary Transmitters: Radio	 PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). 												
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION					
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1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Carriage 1. Special status Yes ∑No 1. Special status Yes ∑No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. Yes ∑No 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Give the month and day when your system was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed pro	LEGAL NAME OF OWNER OF							i PERIOD: 2024/2		
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further carriage a special basis, any nonnetwork television program broadcast by a distant station? Image: Comparison of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Image: Comparison of the programming that must be included in this page blank. If your answer is "Yes," you must complete the program to a substitute program on a substitute basis, any nonnetwork television program to block 2. Image: Comparison of the substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Image: Comparison of the difference of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball". There yes. "Otherwise enter "No." Column 3: Give the title or every nonnetwork television program. Column 3: Give the adia station sile of the program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 3: Give the earting the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the fCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the fCC or, in the case of Mexican or Canadian stations, if any, the community to which			STEM:					Namo		
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further carriage a special basis, any nonnetwork television program broadcast by a distant station? Substitute tasks of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. Substitute tasks of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. Substitute tasks of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Yes XINO 2. LOG OF SUBSTITUTE PROGRAMS Yes XINO In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Secolar form or space, please attach additional pages. Column 6: Give the tild of every nonnetwork television program (substitute program.) that, during the accounting period, was broadcast live, enter Yes." Otherwise enter 'No." Secolar form or space, please attach additional pages. Column 3: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Secolar form or space, please attach additional pages. Column 6: Give the month and day when your system carried the substitute program. C	SUBSTITUTE CARRIAG	F: SPECI	IAI STATEME)G					
substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 for the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Substitut Carriage Special Statement and the paper SA3 for the program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Substitute program is substitute program is the paper SA3 for the programming of another station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball". List seek substitute program. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball". List specific program to the example, "I Love Lucy" or "NBA Basketball". Teers vs. Bulls." Column 4: Give the broadcast station's location (the community to which the station is ilcensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is ilcensed by the FCC or, in the case of Mexican or Canadian station program was ubstitute program. Use numerals, with the month		-	-		-	on that your cable system	n carried on a	1		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Special • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. Yes Note: If your need more space, please attach additional pages. Program L Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NEAB Basketball: T6ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Secient with the month first. Scample, "I Love Lucy" or "NEAB Basketball: T6ers vs. Bulls." Column 6: Site the month and day when your system carried the substitute program. Secient with the month first. Example: a program carried by a system form 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Secient with the letter "P" if the listed programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if	substitute basis during the a explanation of the programm	ccounting p	eriod, under spe	ecific present and former F	CC rules, regu	lations, or authorizations	. For a further	Substitute		
* During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program is the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program is the program is the program is the program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the tails sign of the station broadcasting the substitute program. Column 4: Give the broadcast stations iccation (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). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system was premitted to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the										
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 5: Give the month and day when your system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. 7. REASON FOR DELETION	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the listed regulations in effect during the accounting period; ente	Note: If your answer is "No	o", leave th	e rest of this pa	age blank. If your answer	s "Yes," you	must complete the prog	gram	0 0		
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effect on October 19, 1976. SUBSTITUTE PROGRAM WHEN SUBSTITUTE 7. REASON 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION										
WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	•	•	ig that your sys	tem was permitted to dele	te under FCC	rules and regulations	In			
SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION							1			
SUBSTITUTE PROGRAM CARRIAGE OCCURRED FOR 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION					WHE	N SUBSTITUTE	7 REASON			
1. TITLE OF PROGRAM 2. LIVER 0. OWNER OF	S	UBSTITU		1	CARR		-			
Tes of No CALL SIGN 4. STATION'S LOCATION AND DAY PROM — TO	1. TITLE OF PROGRAM						DELETION			
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT					
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U.S. Copyright O	ffice							

Nama	LEGAL NAME OF	OWNER OF CABLI	E SYSTEM:						SYSTEM ID#				
Name	Volunteer W	/ireless, LLC	;						062414				
J	time carriage du	is space ties in ue to lack of act	with column 5 of spa ivated channel capa	acity, you are re	quire	ed to complete th	is log giving the	AC" for part- total dates and					
Part-Time Carriage Log	column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the start television statio "app." Example • You may grou	State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the elevision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation 'app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m."											
	DATES AND HOURS OF PART-TIME CARRIAGE												
	CALL SIGN	I CARRIAGE OCC											
		DATE	HOUF FROM	rs TO		CALL SIGN	DATE	HOU FROM	JRS TO				
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FORM	SA3E. PAGE 7.				
LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name
Vol	unteer Wireless, LLC			062414	Humo
Inst all a (as page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amour mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to a (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.	ondary	transmi te this ar	ssion service	K Gross Receipts
 Instru Con Con If yo feet If yo 	RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete 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 a 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 p ompanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e enter	red on lii	ne 1 of	
If particular between seven seve	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered	d on line	2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be	entered	on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe 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		\$	2,902,732.10	
	Enter the result here.				
	This is your minimum fee.	\$		30,885.07	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Ne—Complete the DSE schedule.	mn 4, y	ou must	check	
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	13,549.25	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		13,549.25	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	30,885.07	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		31,610.07	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See pa	age (i) of	the	

ACCOUNTING PERIO	100: 2024/2	FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 062414
	Volunteer Wireless, LLC	062414
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	55
	2. Enter the total number of activated channels]
	on which the cable system carried television broadcast stations and nonbroadcast services	174
		I
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
IN	we can contact about this statement of account.)	
Individual to		
Be Contacted for Further	Name Amolio Moonovhom Talankana 021 915	1536
Information	Name Amelia Mooneyham Telephone 931-815	-1330
	Address P.O. Box 670	
	(Number, street, rural route, apartment, or suite number)	
	McMinnville, TN 37111	
	(City, town, state, zip)	
	Email Fax (optional)	
	Email Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
Centrication		
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as i in line 1 of space B and that the owner is not a corporation or partnership; or	dentified
	(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 c in line 1 of space B.	able system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]	
	X /s/ Greg Smartt	
	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 ar button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility set	
	Typed or printed name: Greg Smartt	
	Typed of printed name. Greg Smartt	
	Title: President	
	(Title of official position held in corporation or partnership)	
	Data: Fabruary 26, 2025	
	Date: February 26, 2025	
Privacy Act Notico	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requ	ested on th
	be beddon in the bille of account. PII is any personal information that can be used to identify or trace an individual, such as name, address a	

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 telephon 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 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 t completed record of statements of account, and it may affect the legal suffciency of the filing, a determination that would be made by a court of lay

LEGAL NAME OF OWNER OF CABLE SYSTEM: Volunteer Wireless, LLC	SYSTEM ID# 062414	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable s service of providing secondary transmissions of primary broadcast transmitters, the syste scribers and amounts collected from subscribers receiving secondary transmissions purs	system for the basic m shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the gener paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for see made by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late pay For an explanation of interest assessment, see page (viii) of the general instructions in the pape		Q
Line 1 Enter the amount of late payment or underpayment	x	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	- x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	, (interest charge)	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For fu contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	rther assistance 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 oplease list below the owner, address, first community served, accounting period, and ID number filing.		
Owner Address		
First community served Accounting period ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally	y identifying information (PII) requested on th	1

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
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 is partice 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 anc "P" in column 7 of space I.)

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have beer

carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE SCHEDULE

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

· If none of the stations were partially distant, calculate your base rate fee according to the following rates-for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSF 1.064% of gross receipts Each of the second, third, and fourth DSEs 0.701% of gross receipts

The fifth and each additional DSE

0.330% of gross receipts

PARTIALLY DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group. 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

		Distant Stations Carried		Identification of	of Subscriber Groups				
In most case	s under current FCC	STATION DSE CITY			OUTSIDE LOCAL		GROSS RECEIPTS		
rules, all of F	Fairvale would be within	A (independent)	1.0		SERVICE AREA OF		FROMS	SUBSCRIBERS	
the local service	ce area of both stations	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E			\$310,000.00	
A and C and a	all of Rapid City and Bo-	C (part-time)	0.083	Rapid City	Stations A and C			100,000.00	
dega Bay wou	uld be within the local	D (part-time)	0.139	Bodega Bay	Stations A and C			70,000.00	
service areas	of stations B, D, and E.	E (network)	0.25	Fairvale	Stations B, D, and E			120,000.00	
		TOTAL DSEs	2.472		TOTAL GROSS REC	EIPTS		\$600,000.00	
	1/>	Minimum Fee Total Gross	Receipts		\$600,000.00				
Santa Rosa	Stations A and C 35 mile zone				x .01064			I	
	35 mile zone			10	\$6,384.00				
		First Subscriber Group		Second Subsc	•		Third Subscriber Group	I	
	`- `	(Santa Rosa)		(Rapid City and	Bodega Bay)		(Fairvale)	I	
	Fairvale	Cross ressints	¢240.000.00	Cross ressints	¢170 (Cross ressints	¢120.000.00	
Rapid City		Gross receipts DSEs	. ,	Gross receipts DSEs	Φ 170,0	000.00 1.083	Gross receipts DSEs	\$120,000.00 1.389	
карій Сіту		Base rate fee		Base rate fee	\$1 (Base rate fee	\$1,604.03	
		\$310,000 x .01064 x 1.0 =	. ,				\$120,000 x .01064 x 1.0 =	1,276.80	
	Bodega	\$310,000 x .00701 x 1.472 =	,	. ,	,		\$120,000 x .00701 x .389 =	327.23	
1	Bay	Base rate fee	,	Base rate fee			Base rate fee	\$1,604.03	
Statio	ons B, D,			- I					
		Total Base Rate Fee: \$6,4	.97.20 + \$1,907.7 [,]	1 + \$1,604.03 = \$	\$10,008.94				
an	nd E	In this example, the cable s							

№35 mile zone

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM D											
1	Volunteer Wireless, LLC 06241											
	SUM OF DSEs OF CATEGOR		s.									
	Add the DSEs of each station		0.									
	Enter the sum here and in line		schedule		6.25							
						1						
2	Instructions:											
2	In the column headed "Call	Sign": list the call	signs of all distant statio	ns identified by th	ie letter "O" in column 5							
O a manufaction	of space G (page 3). In the column headed "DSE"	it for each indone	ndent station, give the U	SE on "1 ()": tor o	ach notwork or noncom							
Computation of DSEs for	mercial educational station div	. IOI each indepe	5 "	SE as 1.0, 101 e								
Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Otations	WCTE-DT	0.250	OALL OIGH	DOL	OREE OION	DOL						
	WNAB-DT	1.000										
	WNPT-DT	0.250										
	WUXP-DT	1.000										
	WSMV-DT	0.250										
dd rows as	WSMV-DT3	1.000										
ecessary.	WTVF-DT	0.250										
Remember to copy	WTVF-DT3	1.000										
ll formula into new	WTVF-DT2	0.250										
OWS.												
	WSMV-DT2	1.000										

ACCOUNTING PERIOD	: 2024/2									DSE SCHEDI	JLE. PAGE 12.
	LEGAL NAME OF	OWNER OF C	ABLE SYSTEM:								SYSTEM ID#
Name	Volunteer W	'ireless, L	LC								062414
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 be carried ou Column 4 give the type- Column 6 third decimal SA3 form.	st the call s 2: For each correspond 3: For each 4: Divide tha t at least to 5: For each value as ".2 5: Multiply th	ign of all dista station, give th I with the inform station, give th e figure in colu the third decim independent s 25." he figure in col is the station's C 2. NUMBE	he number of mation given he total numb mn 2 by the nal point. Thi station, give t station, give t bose. (For n categor R	f hours y in space per of ho figure in is is the ' he "type e figure i hore info Y LAC 3. NU	our cable syste e J. Calculate o urs that the sta column 3, and basis of carriag -value" as "1.0. n column 5, and rmation on rour STATIONS: MBER	COMPUTAT 4. BASIS O	ation during the each station. ver the air during the decimals in of station. ork or noncom in column 6. F (viii) of the ge	ring the accounce column 4. Thi mercial educ Round to no lu neral instruct SEs 5. TYPE	inting period. s figure must ational station, ess than the ions in the paper 6. DS	SE
	SIGN		OF HOU CARRIE SYSTEN	DBY	ST	HOURS ATION I AIR	CARRIA VALUE	GE	VALUE		
				÷			=	x		=	
				<u>.</u>			=	x		=	
				-			=			=	
				÷			=	X		=	
				÷ ÷			=	x x		=	
				÷			=	x		=	
	SUM OF DSEs Add the DSEs Enter the su	of each sta	tion.		chedule,				0.00		
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your sy ect on Octo one or more For each st This figure Enter the n Divide the t	Stem in substi ber 19, 1976 (a live, nonnetwo station give the should corres umber of days figure in colum	itution for a p as shown by ork programs number of liv spond with th s in the calend in 2 by the fig	rogram to the lette during the ve, nonn- e inform dar year gure in co	hat your syster r "P" in column hat optional carr etwork program ation in space I : 365, except in olumn 3, and gi	a leap year. ive the result in c	to delete und nd y the word "Ye stitution for pr column 4. Rou	er FCC rules s″ in column 2 ograms that v ind to no less	of vere deleted	m).
			SU	BSTITUTE	E-BASI		IS: COMPUT	ATION OF	DSEs		1
	1. CALL SIGN	2. NUMI OF PROG		3. NUME OF DA IN YEA	YS	4. DSE	1. CALL SIGN	2. NUN OF PRC	IBER OGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷ +		=				÷		=
			÷		=				÷		=
			÷		=				÷		=
			÷ ÷		=				÷		=
	SUM OF DSEs Add the DSEs Enter the su	of each sta	TITUTE-BASI	IS STATION	S:		· · · · · · · · ·		0.00		
5	TOTAL NUMBI				e boxes i	n parts 2, 3, and	d 4 of this schedu	le and add the	m to provide t	he total	
Total Number	1. Number c	f DSEs fron	n part 2 ●					•		6.25	
of DSEs	2. Number o							<u>> </u>		0.00	
	3. Number o	f DSEs fron	n part 4 ●					•		0.00	
	TOTAL NUMBE	R OF DSE	6						>		6.25

DSE SCHEDULE. F	'AGE 13.							ACCOUNTING	G PERIOD: 2024/2	
LEGAL NAME OF C	OWNER OF CABLE eless, LLC	SYSTEM:					S	YSTEM ID# 062414	Name	
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS										
effect on June 24,	1981?	outside of all schedule—	major and sma	Iller markets as de	fined under se			gulations in	3.75 Fee	
			 CK B: CARR		MITTED DS	Es				
Column 1: CALL SIGN	under FCC rules	s of distant s and regulati ne DSE Sche	tations listed in ions prior to Jur edule. (Note: Tł	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r	f this schedule urther explana	e that your sys ition of permit	ted stations, see th	he		
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.										
Column 3:		e stations ide	entified by the l	n parts 2, 3, and 4 etter "F" in column			worksheet on page	e 14 of		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
	C	0.25	WTVF-DT	A	0.25					
WNAB-DT WNPT-DT	A C	1.00 0.25	WTVF-DT2 WTVF-DT3		0.25 1.00					
WUXP-DT	Ă	1.00	WSMV-DT		1.00					
WSMV-DT	A	0.25								
WSMV-DT2	2 M	1.00								
								6.25		
		E	BLOCK C: CO	MPUTATION OF	- 3.75 FEE					
Line 1: Enter the	e total number of	DSEs from	ı part 5 of this	schedule						
Line 2: Enter the	e sum of permitte	d DSEs fro	m block B ab	ove						
				r of DSEs subjec 7 of this schedu		rate.				
Line 4: Enter gro	oss receipts from	space K (p	bage 7)				x 0.03	375	Do any of the DSEs represent partially	
Line 5: Multiply I	ine 4 by 0.0375 a	and enter s	um here						permited/ partially nonpermitted	
Line 6: Enter tota	al number of DSI	Es from line	e 3				X		carriage? If yes, see part 9 instructions.	

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)_____

0.00

						DSE SCHEDULE. PAGE 14.					
Name	LEGAL NAME OF OWN		EM:			SYSTEM ID#					
	Volunteer Wire	less, LLC				062414					
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. 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 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 6: Compare the DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designatec statement of account on fle in the Licensing Division. 										
		PERMITTED DS	E FOR STATIONS CARRI	ED ON A PART-TIME AN	ID SUBSTITUTE BASIS	F BASIS					
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED					
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE					
7	Instructions: Block A	A must be completed									
7	In block A:	·····									
Computation	-		cks B and C, below.								
of the	If your answer is	"No," leave blocks E	and C blank and complete	e part 8 of the DSE sched	ule.						
Syndicated	BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity	• Is any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981?										
Surcharge		•	top 100 major television ma			June 24, 1961?					
	Yes—Complete	blocks B and C .		No—Proceed to part 8							
			- D. Contour Stations	DI OC							
			e B Contour Stations	BLOCK C: Computation of Exempt DSEs							
	Is any station listed in		e primary stream of a de B contour, in whole	Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refer							
	or in part, over the ca			to former FCC rule 76							
	Yes—List each s	tation below with its ap	propriate permitted DSE	Yes—List each station below with its appropriate permitted DSE							
	X No—Enter zero a	and proceed to part 8.		X No—Enter zero a	and proceed to part 8.						
				,	,						
	CALL SIGN	DSE C	ALL SIGN DSE	CALL SIGN	DSE CALL SI	GN DSE					
		т	DTAL DSEs 0.00		TOTAL D	OSEs 0.00					
		L		*	L						

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Volunteer Wireless, LLC 062414	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7 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	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

	DSE S								
Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM: SYSTEM:							
Numo	· · · ·	Volunteer Wireless, LLC 0624	14						
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)							
		 D. Enter 0.00089 of gross receipts (the amount in section 1)							
		F. Multiply line D by line E and enter here							
8 Computation of Base Rate Fee	You m 6 was • In blo • If you blank What i were lo	 Instructions: ou must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part was checked "Yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. <i>If hat</i> is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ere located within that station's local service area and others were located outside that area. For the definition of a station's "local ervice 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.							
	0	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)							
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee. Output: Description of the des	0						
			-						

DSE SCHEDULE. PAGE 17.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
Volunteer Wireless, LLC 062	2414 Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
A. Enter 0.01064 of gross receipts (the amount in section 1)▶\$	8
B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here►	
D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$	
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
F. Multiply line D by line E and enter here	
G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.0	20
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signal shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel I ups in Space G.	
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exc receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage this exclusion, you must: First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sa station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the num DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group	e of of Base Rate Fee and syndicated
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, y must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo However, if your cable system is wholly located outside all major television markets, complete block A only.	for You Partially
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
carried to that community. Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (ar the same token, the station is distant to the subscriber.)	ıd, by
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cab system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	ble
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups. In each section:	
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. 	
 If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2 	2 3
 and 4 of this schedule; or, 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. 	_, _, _,
 Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. 	
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction in the paper SA3 form.	ons
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the precedii page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to she your actual calculations on the form.	e total

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	Volunteer Wireless, LLC	062414
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.	

FORM SA3E. PAGE 19	FORM	SA3E.	PAGE	19
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	6YSTEM ID# 062414	S				E SYSTEM:		EGAL NAME OF OWNER
		BER GROUP	I SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	BL
		SUBSCRIBER GROU				SUBSCRIBER GROU		
	; Palmer			COMMUNITY/ AREA	ibrell	own, Morrison, Di		
			Tracy		1	n, Hiawassee, Smartt		
_	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			1.00	WUXP-DT				
			0.25	WNPT-DT		-		
			0.25	WCTE-DT		-		
			1.00	WNAB-DT				
	2.50				0.00			
-				Total DSEs				otal DSEs
-	34,425.85	<u>\$</u> 1	nd Group	Gross Receipts Secor	439.30	\$ 42,	oup	Bross Receipts First Gr
	2,843.78	\$	nd Group	Base Rate Fee Secor	0.00	\$	oup	ase Rate Fee First Gr
	UP	SUBSCRIBER GROU	FOURTH		P	SUBSCRIBER GROU	THIRD	
		Doyle	BonAir, I	COMMUNITY/ AREA	е	ille, Fairfield Glad	Crossv	COMMUNITY/ AREA
	Walling	Ravenscroft, Sparta, V	sett, Quebeck,	Cassville, Deros				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			0.25	WNPT-DT				
			<mark></mark>					
				 Manufacture and a second second				
-	0.25			Total DSEs	0.00			- Total DSEs
-	0.25	<u>s</u> 6	h Group	Total DSEs Gross Receipts Fourth	0.00 495.75	<u>s</u> 206,	roup	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE		E SYSTEM:				S	(STEM ID# 062414	Name
Bl	_OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCRI	BER GROUP		
		SUBSCRIBER GROU	JP			SUBSCRIBER GROU		9
COMMUNITY/ AREA		o, Beech Grove				ville, Viola, Betha	ny,	-
	Manche					DeKalb, Rutherford		Computation
CALL SIGN WCTE-DT	DSE 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
WCIL-DI	0.23							and
	-							Syndicated
						-		Exclusivity
								Surcharge
								for
						-		Partially
								Distant Stations
								Stations
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 293	497.80	Gross Receipts Seco	nd Group	\$ 1,04	3,822.45	
Base Rate Fee First G	roup	\$	780.70	Base Rate Fee Secon	nd Group	\$	0.00	
5	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	Spence	r, Bone Cave		COMMUNITY/ AREA	Altamon	t, Beersheba, Pel	ham	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WNPT-DT	0.25			WNPT-DT	0.25			
				WNAB-DT	1.00			
				WUXP-DT	1.00	-		
				WCTE-DT	0.25			
Total DSEs	<u> </u>		0.25	Total DSEs			2.50	
Gross Receipts Third G	Group	\$ 148,	820.85	Gross Receipts Fourt	h Group	\$ 36	60,166.25	
Base Rate Fee Third G	Group	\$	395.86	Base Rate Fee Fourt	h Group	\$	7,619.32	
Base Rate Fee: Add th Enter here and in block			riber group	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	SYSTEM ID#	Name
Volunteer Wireles	s, LLC						062414	Name
Bl				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU	JP			I SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	Montea	gle		COMMUNITY/ ARE	A Sewane)e		J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
NCTE-DT	0.25							Base Rate Fe
WNPT-DT	0.25							and
WSMV-DT	0.25							Syndicated
WSMV-DT2	1.00							Exclusivity
WTVF-DT	0.25							Surcharge
WUXP-DT	1.00							for
WSMV-DT3	1.00							Partially
WTVF-DT2	0.25							Distant
WTVF-DT3	1.00							Stations
Fotal DSEs			5.25	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 6,	664.25	Gross Receipts Sec	ond Group	\$	38,189.05	
Base Rate Fee First G	roup	\$	238.55	Base Rate Fee Sec	ond Group	\$	0.00	
El	EVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	· · · · · · · · · · · · · · · · · · ·							
							••••••••••••••••••••••••••••••••••••••	
Total DSEs	1 1		0.00	Total DSEs		11	0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
		<u>+</u>	5.00		croup	*	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxe	s above.	\$		

FORM SA3E. PAGE 19	FORM	SA3E.	PAGE	19
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CALL SIGN DSE Sea Rate	LEGAL NAME OF OWNE Volunteer Wireles		LE SYSTEM:				SY	STEM ID# 062414	Name
COMMUNITY/ AREA Centertown, Morrison, Dibreil COMMUNITY/ AREA Coall SIGN DSE CALL SIGN	В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
CALL SIGN DSE Signification Signi		FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	Р	•
outer DSEs 0.00 order DSEs 0.00 increase Receipts First Group \$ 0.00 state Rate Fee First Group \$ 0.00 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP CALL SIGN DSE	COMMUNITY/ AREA	Center	town, Morrison, D	ibrell	COMMUNITY/ AREA	Coalmo	nt, GruetliLaager,	Palmer	9 Computation
and Syndicate Syndicate Survey and Syndicate Survey Survey and Syndicate Survey Survey and	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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FORM SA3E. PAGE 19.

	ss, LLC	LE SYSTEM:					62414 O62414
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		FORM SA3E. PAGE 20.			
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Volunteer Wireless, LLC	062414			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:				
9					
Computation					
of	First 50 major television market	Second 50 major television market			
Base Rate Fee	INSTRUCTIONS:				
and	Step 1: In line 1, give the total DSEs by subscriber group for comm	iercial VHF Grade B contour stations listed in block A, part 9 of			
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group	o for the VHE Grade B contour stations, that were classified as			
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none er				
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number				
Partially Distant Stations		 P 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show 			
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1			
	and enter here. This is the	and enter here. This is the			
	total number of DSEs for	total number of DSEs for			
	this subscriber group	this subscriber group			
	subject to the surcharge	subject to the surcharge			
	computation	computation			
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY			
	SURCHARGE	SURCHARGE			
	First Group \$	Second Group			
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1			
	and enter here. This is the	and enter here. This is the			
	total number of DSEs for	total number of DSEs for			
	this subscriber group	this subscriber group			
	subject to the surcharge	subject to the surcharge			
	computation	computation			
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY			
	SURCHARGE	SURCHARGE			
	Third Group	Fourth Group			
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pag				

		FORM SA3E. PAGE 20.		
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	Volunteer Wireless, LLC	062414		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
9 Computation of Base Rate Fee and	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS:	the station is not exempt in Part 7, you mus also compute a rket any portion of your cable system is located in as defined		
Syndicated Exclusivity Surcharge for	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 			
Partially Distant Stations		Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show		
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP		
	SEVENTR SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page			

Nume Styletic Distance Styletic Distance 9 EBG. Mark of CoveRs Of CARL EVENTS 062414 9 Computation BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 1 Prove cable system is located within a top 100 felevision market any portion of your cable system is located in as defined by section 76.5 of FCC rules is reflect on June 24, 1981: 3 Syndicated Exclusivity Subrance for Carls is reflect on June 24, 1981: 3 In Init 4, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schoolab. 3 Stop 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block. Carl 7 of this schoolab. 3 Stop 2: In line 2, give the total number of DSEs by subscriber group using the formation collect of inbock A, part 9 of this schoolab. 3 Stop 2: In line 2, give the total number of DSEs used to compute the surcharge. 3 Stop 2: In line 2, give the total number of DSEs used to compute the surcharge. 3 Stop 4: Compute the surcharge or group using the formation collect and used the surcharge. 3 Stop 4: Compute the surcharge or group as the formation of DSEs for this subscriber group as abject to the surcharge. 1 Ine 1: Enter the VHF DSEs.			FORM SA3E. PAGE 20.			
9 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 9 If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you runs also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in Fact on June 24, 1981:	Namo					
9 If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 75.6 FCC roles in earlied on June 24, 1981:	Name	Volunteer Wireless, LLC	062414			
Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation of Base Rate Fea and Syndicated Exclusivity Surcharge for Partially Site 1: In it 1; give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. In each grint is the total number of DSEs used to compute the surcharge. Step 1: In In 6: 3, white total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. In marking this computation, use gross receipts figures applicable to the surcharge. Step 2: In Ine 3, subtract line 2, from line 1. This is the total number of DSEs. Stations NINTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 3: Subtract line 2 from line 1. This is the total number of DSEs tor this subscriber group audig the formula outlined in block D; section 3 or 4 of part 7 of this subscriber group audig to the surcharge. Subtract line 2 from line 1 and etch free. This is the total number of DSEs are completed form. Line 3: Subtract line 2 from line 1 and etch free. This is the total number of DSEs tor this subscriber group audig to the surcharge. SynDicATED Exclusivity Subcract line 2 from line 1 and etch free. This is the total number of DSEs for this subscriber group audig to the surcharge. Line 3: Subtract line 2 from line 1		BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
of established □ scored 50 major television market Base Rate Fast S0 □ STRUCTONS: Syndicated INSTRUCTONS: Surcharge in the 1, give the total DSEs by subacriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Storekarge in the 2, give the total number of DSEs by subacriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule. Storekarge Storekarge Partially Step 4: Compute the surcharge group wing the formula outline of block D, section 3 or 4 of part 7 of this schedule. If none enter zero. Stations Step 4: Compute the surcharge group wing the formula outline of block D, section 3 or 4 of part 7 of this schedule. If none enter zero. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . Line 1: Enter the VHF DSEs . Line 2: Enter the Exempt DSEs in block D, section 3 or 4 of part 7 of this schedule. If none exempt DSEs . Line 3: Subtract line 2 from line 1 and entor hore. This is the total number of DSEs for this subscriber group subject to the surcharge computation . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and entor hore. This is the total and entor hore. This is the total number of DSEs for this subscriber group subject to the surcharge computation . SYNDICATED EXCLUS/NTY SURCHARGE Subtract line 2	-	Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined				
and Syndicated Exclusivity Surcharge for Partially Distant Step 1: In line 1, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as the schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as the schedule. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula cutilined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs in bottoard time 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	-	First 50 major television market	Second 50 major television market			
Exclusivity Surcharge for Partially Step 2: In line 2, we the total number of DSEs by subscriber group or the VHF Grade B contour stations that were classified as Exempl DSEs in block 0, part of or lines schedule. In none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Stations NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs in the total number of DSEs for this subscriber group subject to the surcharge computation. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE ELEVENTH SUBSCRIBER GROUP TENTH FUBSES Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs or this subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE SUNDICATED EXCLUSIVITY SURCHARGE Third Group \$ Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group su	and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of				
for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE First Group Line 2: Enter the Exempt DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs SYNDICATED EXCLUSIVITY SURCHARGE Second Group First Group second Group Line 2: Enter the Exempt DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscrib			o for the VHF Grade B contour stations that were classified as			
Parially Distant Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule, Im maining this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs	•					
Line 1: Enter the VHF DSEs	Partially Distant	Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fit	p 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show			
Line 1: Enter the VHF DSEs			TENTH SUBSCRIBER GROUP			
Line 2: Enter the Exempt DSEs						
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation		Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1			
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subject to the surcharge computation subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group subject to the surcharge computation ELEVENTH SUBSCRIBER GROUP SYNDICATED EXCLUSIVITY SURCHARGE Second Group Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SynDiCATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ SynDiCATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE \$ SynDicATED EXCLUSIVITY SURCHARGE						
computation - SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown						
SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE First Group						
SURCHARGE First Group ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown						
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ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
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Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP			
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and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation		Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1			
this subscriber group subject to the surcharge computation		and enter here. This is the	and enter here. This is the			
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SURCHARGE Third Group SURCHARGE Third Group SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown						
Third Group \$ Fourth Group \$ SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown						
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown						
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