

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:	
	2025/1	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 61944	
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.
2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: P.O. Box 159 <small>(Number, street, rural route, apartment, or suite number)</small> Glasgow, KY 42141 <small>(City, town, state, zip)</small>	
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
	1	IDENTIFICATION OF CABLE SYSTEM: Edmonton / Metcalfe County
2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small>	

E Secondary Transmission Service: Sub- scribers and Rates	BLOCK 1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:			
• Service to first set			51.00
• Service to additional set(s)			
• FM radio (if separate rate)			
Motel, hotel			
Commercial			51.00
Converter:			
• Residential			
• Non-residential			

F Services Other Than Secondary Transmission: Rates	BLOCK 1			
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential	
• Pay cable	71.00		• Motel, hotel	
• Pay cable—add'l channel			• Commercial	81.00
• Fire protection			• Pay cable	
• Burglar protection			• Pay cable-add'l channel	
Installation: Residential			• Fire protection	
• First set	81.00		• Burglar protection	
• Additional set(s)			Other services:	
• FM radio (if separate rate)			• Reconnect	20.00
• Converter			• Disconnect	25.00
			• Outlet relocation	25.00
			• Move to new address	25.00

M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.
	<p>1. Enter the total number of channels on which the cable system carried television broadcast stations 20</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 120</p>

N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
	Name	Kyle Jones Telephone 270-678-8247
	Address	1399 Happy Valley Road <small>(Number, street, rural route, apartment, or suite number)</small> Glasgow, KY 42141 <small>(City, town, state, zip)</small>
	Email (optional)	kyle.jones@scrtc.net Fax (optional) 270-629-3030

O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) Signature Space O – This form will be submitted with an electronic "s" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "s" followed by your name in the signature box in space O of tab "page 8, space M-O."	
	Typed or printed name:	/s/ Jeff Eaton
	Title:	General Manager <small>(Title of official position held in corporation or partnership)</small>
	Date:	August 19th, 2025

Total Gross Receipts

\$ 2,581,416.00

OK

Subgroup Gross Receipts Total

\$ 2,581,416.00

Subgroup		Subgroup/Community Name		Gross Receipts
FIRST	1	Edmonton/Metcalfe County	\$	344,858.05
SECOND	2	Barren County	\$	989,695.35
THIRD	3	Hart County	\$	425,462.71
FOURTH	4	Horse Cave	\$	158,256.77
FIFTH	5	Larue County	\$	285,216.50
SIXTH	6	Monroe County	\$	285,807.01
SEVENTH	7	Fountain Run	\$	5,905.10
EIGHTH	8	Glasgow	\$	86,214.51
NINTH	9			
TENTH	10			
ELEVENTH	11			
TWELVTH	12			
THIRTEENTH	13			
FOURTEENTH	14			
FIFTEENTH	15			
SIXTEENTH	16			
SEVENTEENTH	17			
EIGHTEENTH	18			
NINTEENTH	19			
TWENTIETH	20			
TWENTY-FIRST	21			
TWENTY-SECOND	22			
TWENTY-THIRD	23			
TWENTY-FOURTH	24			
TWENTY-FIFTH	25			
TWENTY-SIXTH	26			
TWENTY-SEVENTH	27			
TWENTY-EIGHTH	28			
TWENTY-NINTH	29			
THIRTIETH	30			
THIRTY-FIRST	31			
THIRTY-SECOND	32			
THIRTY-THIRD	33			
THIRTY-FOURTH	34			
THIRTY-FIFTH	35			
THIRTY-SIXTH	36			
THIRTY-SEVENTH	37			
THIRTY-EIGHTH	38			
THIRTY-NINTH	39			
FORTIETH	40			

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WAVE-DT	36	N	Louisville, KY	0.250	
WAVE-2	36	I-M	Louisville, KY	1.000	
WAVE-3	36	I-M	Louisville, KY	1.000	
WAVE-4	36	I-M	Louisville, KY	1.000	
WBKI-DT	16	I	Salem, IN	1.000	
WBKI-2	16	I-M	Salem, IN	1.000	
WBKI-3	16	I-M	Salem, IN	1.000	
WBKO-DT	13	N	Bowling Green, KY	0.250	
WBKO-2	13	I-M	Bowling Green, KY	1.000	
WBKO-3	13	I-M	Bowling Green, KY	1.000	
WBKO-4	13	I-M	Bowling Green, KY	1.000	
WBNA-DT	8	I	Louisville, KY	1.000	
WCZU-DT	19	I	Bowling Green, KY	1.000	
WCZU-2	19	I-M	Bowling Green, KY	1.000	
WDRB-DT	32	I	Louisville, KY	1.000	
WDRB-2	32	I-M	Louisville, KY	1.000	
WHAS-DT	11	N	Louisville, KY	0.250	
WHAS-2	11	I-M	Louisville, KY	1.000	
WHAS-3	11	I-M	Louisville, KY	1.000	
WHAS-4	11	I-M	Louisville, KY	1.000	
WHAS-5	11	I-M	Louisville, KY	1.000	
WHAS-6	11	I-M	Louisville, KY	1.000	
WHTN-DT	16	I	Nashville, TN	1.000	
WJFB-DT	25	I	Nashville, TN	1.000	
WKGB-DT	29	E	Bowling Green, KY	0.250	O
WKGB-2	29	E-M	Bowling Green, KY	0.250	O
WKRN-DT	27	N	Nashville, TN	0.250	
WKRN-2	27	I-M	Nashville, TN	1.000	
WKRN-3	27	I-M	Nashville, TN	1.000	
WKRN-4	27	I-M	Nashville, TN	1.000	
WKYU-DT	18	E	Bowling Green, KY	0.250	O
WKYU-2	18	E-M	Bowling Green, KY	0.250	O
WLKY-DT	14	N	Louisville, KY	0.250	O
WLKY-2	14	I-M	Louisville, KY	1.000	
WNAB-DT	30	I	Nashville, TN	1.000	
WNAB-2	30	I-M	Nashville, TN	1.000	
WNAB-3	30	I-M	Nashville, TN	1.000	
WNKY-DT	24	N	Bowling Green, KY	0.250	
WNKY-2	24	N-M	Bowling Green, KY	0.250	
WNKY-3	24	I-M	Bowling Green, KY	1.000	
WNPT-DT	7	E	Nashville, TN	0.250	O
WNPX-DT	32	I	Nashville, TN	1.000	
WNPX-2	32	I-M	Nashville, TN	1.000	
WPBM-DT	15	I	Scottsville, KY	1.000	O
WSMV-DT	10	N	Nashville, TN	0.250	
WSMV-2	10	I-M	Nashville, TN	1.000	
WSMV-3	10	I-M	Nashville, TN	1.000	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

South Central Rural Telecommunications Cooperative, Inc.

Instructions: Use this sheet to enter any notes or other information that you feel might assist the copyright examiner in the examination of your statement of account.

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

**SA3E
 Long Form**

STATEMENT OF ACCOUNT
*for Secondary Transmissions by
 Cable Systems (Long Form)*

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/20/2025	\$
	ALLOCATION NUMBER

Return completed workbook by
 email to

coplicsoa@copyright.gov

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1																							
B Owner	<p>Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 61944																							
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM South Central Rural Telecommunications Cooperative, Inc.</p> <p style="text-align: right;">61944 2025/1</p> <p>P.O. Box 159 Glasgow, KY 42141</p>																							
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>																							
	1	IDENTIFICATION OF CABLE SYSTEM: Edmonton / Metcalfe County																						
	2	<p>MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</p>																						
D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 50%;">STATE</td> </tr> <tr> <td>Edmonton/Metcalfe County</td> <td>KY</td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>				CITY OR TOWN	STATE	Edmonton/Metcalfe County	KY	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																							
Edmonton/Metcalfe County	KY																							
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																					
Alda	MD	A	1																					
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Gering	MD	B	3																					

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.	SYSTEM ID# 61944
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E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.</p>					
	BLOCK 1		BLOCK 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	<p>Residential:</p> <ul style="list-style-type: none"> • Service to first set • Service to additional set(s) • FM radio (if separate rate) <p>Motel, hotel</p> <p>Commercial</p> <p>Converter</p> <ul style="list-style-type: none"> • Residential • Non-residential 		<p>\$ 51.00</p> <p>\$ 51.00</p>			

F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.</p>					
	BLOCK 1		BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	<p>Continuing Services:</p> <ul style="list-style-type: none"> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection <p>Installation: Residential</p> <ul style="list-style-type: none"> • First set • Additional set(s) • FM radio (if separate rate) • Converter 	<p>\$ 71.00</p> <p>\$ 81.00</p>	<p>Installation: Non-residential</p> <ul style="list-style-type: none"> • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection <p>Other services:</p> <ul style="list-style-type: none"> • Reconnect • Disconnect • Outlet relocation • Move to new address 	<p>\$ 81.00</p> <p>\$ 20.00</p> <p>\$ 25.00</p> <p>\$ 25.00</p>		

LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.	SYSTEM ID# 61944	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts				
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">2,581,416.00</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	2,581,416.00	(Amount of gross receipts)	
\$	2,581,416.00					
(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.		L Copyright Royalty Fee				
Block 1 MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K.	\$ 2,581,416.00					
Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee.	<table border="1" style="margin-left: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">27,466.27</td> </tr> </table>	\$	27,466.27			
\$	27,466.27					
Block 2 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.						
Block 3 Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.	\$ 28,218.42					
Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.	18,792.07					
Line 3. Add lines 1 and 2 and enter here.	<table border="1" style="margin-left: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">47,010.49</td> </tr> </table>	\$	47,010.49			
\$	47,010.49					
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.	\$ 47,010.49	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.				
Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	<table border="1" style="margin-left: auto;"> <tr> <td style="text-align: right;">3994.77</td> </tr> </table>		3994.77			
3994.77						
Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00					
Line 4. FILING FEE.	\$ 725.00					
TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	<table border="1" style="margin-left: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">51,730.26</td> </tr> </table>	\$	51,730.26			
\$	51,730.26					
EFT Trace # or TRANSACTION ID #	<table border="1" style="margin-left: auto;"> <tr> <td style="text-align: center;">77132474114</td> </tr> </table>	77132474114				
77132474114						
<p style="text-align: center; color: blue; font-size: small;"> Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.) </p>						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.	SYSTEM ID# 61944
M Channels	<p>CHANNELS</p> <p>Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 20</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 120</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name <u>Kyle Jones</u> Telephone <u>270-678-8247</u></p> <p>Address <u>1399 Happy Valley Road</u> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><u>Glasgow, KY 42141</u> <small>(City, town, state, zip)</small></p> <p>Email <u>kyle.jones@scrtc.net</u> Fax (optional) <u>270-629-3030</u></p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input checked="" type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or <input type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. <p>• 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)]</p> <div style="margin-top: 20px;"> X /s/ Jeff Eaton </div> <p style="font-size: 0.8em; margin-top: 10px;">Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Jeff Eaton</p> <p style="text-align: center;">.....</p> <p>Title: General Manager <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: August 19th, 2025</p>	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.	SYSTEM ID# 61944	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here - <div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) \$ _____ <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p style="font-size: small;">* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</p> <p style="font-size: small;">** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p style="font-size: small;">NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____		Q Interest Assessment

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

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.					SYSTEM ID# 61944		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,				0.00				
4 Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,				0.00				
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
	1. Number of DSEs from part 2 ●	_____	▶	4.50				
	2. Number of DSEs from part 3 ●	_____	▶	0.00				
	3. Number of DSEs from part 4 ●	_____	▶	0.00				
	TOTAL NUMBER OF DSEs	_____	▶	4.50				

LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.						SYSTEM ID# 61944			Name
<p>Instructions: Block A must be completed. In block A:</p> <ul style="list-style-type: none"> • 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. 									6
BLOCK A: TELEVISION MARKETS									
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?									
<input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No—Complete blocks B and C below.									
BLOCK B: CARRIAGE OF PERMITTED DSEs									
<p>Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)</p> <p>Column 2: BASIS OF PERMITTED CARRIAGE Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>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)]</p> <p>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)</p> <p>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</p> <p>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</p> <p>E Carried pursuant to individual waiver of FCC rules (76.7)</p> <p>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</p> <p>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)]</p> <p>M Retransmission of a distant multicast stream.</p> <p>Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)</p>									
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WKGB-DT	C	0.25	WTVF-2	M	1.00				
WKGB-2	M	0.25	WTVF-3	M	1.00				
WKYU-DT	C	0.25							
WKYU-2	M	0.25							
WLKY-DT	G	0.25							
WNPT-DT	C	0.25							
								3.50	
BLOCK C: COMPUTATION OF 3.75 FEE									
Line 1: Enter the total number of DSEs from part 5 of this schedule								4.50	
Line 2: Enter the sum of permitted DSEs from block B above								3.50	
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)								1.00	
Line 4: Enter gross receipts from space K (page 7)								\$ 2,581,416.00	
								x 0.0375	
Line 5: Multiply line 4 by 0.0375 and enter sum here								\$ 97,028.10	
								x	
Line 6: Enter total number of DSEs from line 3								1.00	
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)								\$ 97,028.10	

Do any of the DSEs represent partially permitted/partially nonpermitted carriage? If yes, see part 9 instructions.

LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.		SYSTEM ID# 61944	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7)		\$ 2,581,416.00
Section 2	A. Enter the total DSEs from block B of part 7		0.00
	B. Enter the total number of exempt DSEs from block C of part 7		0.00
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.		\$ 0.00
<p>• Is any portion of the cable system within a top 50 television market as defined by the FCC?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes—Complete section 3 below. <input type="checkbox"/> No—Complete section 4 below.</p>			
SECTION 3: TOP 50 TELEVISION MARKET			
Section 3a	<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.</p> <p>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.</p>		
	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. 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	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.</p>		
	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 figure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		\$
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		\$
	Syndicated Exclusivity Surcharge		\$
SECTION 4: SECOND 50 TELEVISION MARKET			
Section 4a	<p>Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.</p> <p>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.</p>		
	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 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		\$

7

Computation of the Syndicated Exclusivity Surcharge

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.		SYSTEM ID# 61944
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).	▶ \$ _____
		B. Enter 0.00189 of gross receipts (the amount in section 1).	▶ \$ _____
		C. Multiply line B by 3.000 and enter here.	▶ \$ _____
		D. Enter 0.00089 of gross receipts (the amount in section 1).	▶ \$ _____
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	▶ _____
		F. Multiply line D by line E and enter here	▶ \$ _____
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	▶ \$ _____	
	Syndicated Exclusivity Surcharge.	▶ \$ _____	
8 Computation of Base Rate Fee	Instructions:		
	You 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 6 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.		
	What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.		
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS		
	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
	<input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the following sections.		
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE		
Section 1	Enter the amount of gross receipts from space K (page 7).		▶ \$ _____
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).		▶ _____
Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.		
	A. Enter 0.01064 of gross receipts (the amount in section 1).	▶ \$ _____	
	B. Enter 0.00701 of gross receipts (the amount in section 1).	▶ _____	
	C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here.	▶ _____ -	
	D. Multiply line B by line C and enter here.	▶ \$ _____	
	E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	▶ \$ _____	
	Base Rate Fee.	▶ \$ 0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
South Central Rural Telecommunications Cooperative, Inc.	61944	
<p>Section 4 If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____</p> <p>F. Multiply line D by line E and enter here ▶ \$ _____</p> <p>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)</p> <p>Base Rate Fee ▶ \$ 0.00</p>	<p>8</p> <p>Computation of Base Rate Fee</p>	
<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>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, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p>Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 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 instructions in the paper SA3 form. Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 	<p>9</p> <p>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.						SYSTEM ID# 61944		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Edmonton/Metcalfe County					COMMUNITY/ AREA Barren County				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WNPT-DT	0.25			WNPT-DT	0.25				
WKGB-DT	0.25								
WKGB-2	0.25								
WKYU-DT	0.25								
WKYU-2	0.25								
WPBM-DT	1.00								
Total DSEs 2.25					Total DSEs 0.25				
Gross Receipts First Group \$ 344,858.05					Gross Receipts Second Group \$ 989,695.35				
Base Rate Fee First Group \$ 6,691.11					Base Rate Fee Second Group \$ 2,632.59				
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Hart County					COMMUNITY/ AREA Horse Cave				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WKYU-DT	0.25			WNPT-DT	0.25				
WNPT-DT	0.25			WPBM-DT	1.00				
WPBM-DT	1.00								
Total DSEs 1.50					Total DSEs 1.25				
Gross Receipts Third Group \$ 425,462.71					Gross Receipts Fourth Group \$ 158,256.77				
Base Rate Fee Third Group \$ 6,018.17					Base Rate Fee Fourth Group \$ 1,961.20				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 28,218.42	

9
Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.						SYSTEM ID# 61944		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Larue County					COMMUNITY/ AREA Monroe County				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WKGB-DT	0.25			WKGB-DT	0.25				
WKGB-2	0.25			WKGB-2	0.25				
WKYU-DT	0.25			WKYU-DT	0.25				
WKYU-2	0.25			WKYU-2	0.25				
WNPT-DT	0.25			WNPT-DT	0.25				
WPBM-DT	1.00								
Total DSEs 2.25					Total DSEs 1.25				
Gross Receipts First Group \$ 285,216.50					Gross Receipts Second Group \$ 285,807.01				
Base Rate Fee First Group \$ 5,533.91					Base Rate Fee Second Group \$ 3,541.86				
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Fountain Run					COMMUNITY/ AREA Glasgow				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WNPT-DT	0.25			WNPT-DT	0.25				
				WTVF-DT	0.25				
				WTVF-2	1.00				
				WTVF-3	1.00				
Total DSEs 0.25					Total DSEs 2.50				
Gross Receipts Third Group \$ 5,905.10					Gross Receipts Fourth Group \$ 86,214.51				
Base Rate Fee Third Group \$ 15.71					Base Rate Fee Fourth Group \$ 1,823.87				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

9

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.						SYSTEM ID# 61944		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA		Edmonton/Metcalfe County			COMMUNITY/ AREA		Barren County		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
WLKY-DT	0.25			WLKY-DT	0.25				
Total DSEs			0.25	Total DSEs			0.25		
Gross Receipts First Group		\$ 344,858.05			Gross Receipts Second Group		\$ 989,695.35		
Base Rate Fee First Group		\$ 3,233.04			Base Rate Fee Second Group		\$ 9,278.39		
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA		Hart County			COMMUNITY/ AREA		Horse Cave		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WLKY-DT	0.25			WLKY-DT	0.25				
Total DSEs			0.25	Total DSEs			0.25		
Gross Receipts Third Group		\$ 425,462.71			Gross Receipts Fourth Group		\$ 158,256.77		
Base Rate Fee Third Group		\$ 3,988.71			Base Rate Fee Fourth Group		\$ 1,483.66		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 18,792.07			

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.						SYSTEM ID# 61944		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Larue County					COMMUNITY/ AREA Monroe County				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 285,216.50	Gross Receipts Second Group				\$ 285,807.01
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Fountain Run					COMMUNITY/ AREA Glasgow				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WLKY-DT	0.25				
Total DSEs				0.00	Total DSEs				0.25
Gross Receipts Third Group				\$ 5,905.10	Gross Receipts Fourth Group				\$ 86,214.51
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 808.26
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

9
 Computation
 of
 Base Rate Fee
 and
 Syndicated
 Exclusivity
 Surcharge
 for
 Partially
 Distant
 Stations

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.	SYSTEM ID# 61944
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 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:</p> <p style="text-align: center;"><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market</p>	
	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 this schedule.	
	Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.	
	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.	
Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.		
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs <u>0.25</u>	Line 1: Enter the VHF DSEs <u>0.25</u>
	Line 2: Enter the Exempt DSEs <u>-</u>	Line 2: Enter the Exempt DSEs <u>-</u>
	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 <u>0.25</u>	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 <u>0.25</u>
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group \$ <u>1,482.07</u>	Second Group \$ <u>637.13</u>
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs <u>0.25</u>	Line 1: Enter the VHF DSEs <u>0.25</u>
	Line 2: Enter the Exempt DSEs <u>-</u>	Line 2: Enter the Exempt DSEs <u>-</u>
	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 <u>0.25</u>	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 <u>0.25</u>
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group \$ <u>236.99</u>	Fourth Group \$ <u>516.42</u>
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$ <u> </u>	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Rural Telecommunications Cooperative, Inc.		SYSTEM ID# 61944
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 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: <input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market		
	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 this schedule.		
	Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.		
	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.		
Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.			
	FIFTH SUBSCRIBER GROUP		SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs <u>0.25</u>		Line 1: Enter the VHF DSEs <u>0.25</u>
	Line 2: Enter the Exempt DSEs <u>-</u>		Line 2: Enter the Exempt DSEs <u>-</u>
	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 <u>0.25</u>		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 <u>0.25</u>
	SYNDICATED EXCLUSIVITY SURCHARGE		SYNDICATED EXCLUSIVITY SURCHARGE
	First Group \$ 427.11		Second Group \$ 428
	SEVENTH SUBSCRIBER GROUP		EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs <u>0.25</u>		Line 1: Enter the VHF DSEs <u>0.25</u>
	Line 2: Enter the Exempt DSEs <u>-</u>		Line 2: Enter the Exempt DSEs <u>-</u>
	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 <u>0.25</u>		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 <u>0.25</u>
	SYNDICATED EXCLUSIVITY SURCHARGE		SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group \$ 8.84		Fourth Group \$ 258.21
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		\$ 3994.77